## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000128544

1. Entity Name

SAFÉ STEP AMERICA INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

24 DOUGLAS AVENUE DUNEDIN, FL 34698 24 DOUGLAS AVENUE DUNEDIN, FL 34698



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4 FEI Number Applie

4. FEI Number
20-2129662 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

4. Applied For
Not Applied For

6. Name and Address of Current Registered Agent

HASKINS, RICHARD C 24 DOUGLAS AVENUE DUNEDIN, FL 34698

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |                                  |                 |                                |   |  |
|---|---|----------------------------------|-----------------|--------------------------------|---|--|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title    | of applicable. (NOTE: Registered | Agent signature | required when romstating)      | DATE                                      |  |
| FILE NOWIII FEE: IS: \$150:00   |   |                                  | cing 🔲          | \$5.00 May Be<br>Added to Fees |   |  |
| 10.   | OFFICERS AND DIREC  | CTORS                            |                 |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>HASKINS, RICHARD C<br>24 DOUGLAS AVENUE<br>DUNEDIN, FL 34698 |                                  |                 |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                  |                 |                                | U00000740793<br>05/15/07-80003-008 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                  |                 | DO                             | NOT WRITE                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                  |                 | IN                             | THIS SPACE                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                  |                 |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                  |                 |                                |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

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