FILED 2007 FOR PROFIT CORPORATION Mar 12, 2007 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000129833** 1. Entity Name KID SAFE 911 INC. Principal Place of Business Mailing Address 26246 U.S. HWY. 19 26246 U. S. HWY, 19 CLEARWATER, FL 33761 CLEARWATER, FL 33761 No Chg-P CR2E034 (11/05) 03032007 DO NOT WRITE IN THIS SPACE 4. FEI Number 81-0655288 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **BOGDANOS, LEONARD** DO NOT WRITE 26246 US HWY 19 CLEARWATER, FL 33761 IN THIS SPACE

the obligations of registered agent.	and accep

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

BOGDANOS, LEONARD

CLEARWATER, FL 33761

26246 U. S. HWY, 19

P/D

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP "

CITY-ST-ZIP

9. Election Campaign Financing 14 Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000663300

Applied For

Not Applicable

DO	NO	T W	RITE
IN.	THIS	SP	ACE

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-3-57

Daytime Phone #