

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137661

Entity Name: SAFE HOME BUILDERS, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

325 NORTH DELAWARE
DELAND,, FL 32720

New Principal Place of Business:

Current Mailing Address:

PO BOX 4153
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-0096821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODONNELL, MICHAEL
310 NORTH DELAWARE AVE
SUITE B2
DELAND, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OFFI () Delete
Name: ODONNELL, MICHAEL OFFICER
Address: PO BOX 4153
City-St-Zip: DELTONA, FL 32725

Title: OFFI () Delete
Name: CLEMENTS, LATARA OFFICER
Address: PO BOX 4153
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ODONNELL

OFFI

05/01/2009

Electronic Signature of Signing Officer or Director

Date