2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P04000141263

Entity Name: SAFE-T-UNLIMITED, H.D. INC.

Current Principal Place of Business:

5630 SPRING RUN AVE.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5630 SPRING RUN AVE.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 36-4562044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELUCA, SUSAN H
5630 SPRING RUN AVE.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FLOWERS, RICHARD A
1419 HARRIETT AV.
HAINES CITY, FL 33844 US

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: R FLOWERS :-) 03/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DELUCA, SUSAN H
Address: 5630 SPRING RUN AVE.
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: DELUCA, SUSAN H
Address: 5630 SPRING RUN AVE.
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete
Name: DELUCA, SUSAN H
Address: 5630 SPRING RUN AVE.
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Delete
Name: DELUCA, SUSAN H
Address: 5630 SPRING RUN AVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLOWERS, RICHARD A
Address: 1419 HARRIETT AV.
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change ( ) Addition
Name: FLOWERS, ROBERT P
Address: 6555 OLD LAKE WILSON RD. #75
City-St-Zip: DAVENPORT, FL 33896

Title: HO (X) Change ( ) Addition
Name: DELUCA, SUSAN H
Address: 5630 SPRING RUN AVE.
City-St-Zip: ORLANDO, FL 32819

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

I hereby certify that the information supplied with this filing does not qualify for the 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: R. FLOWERS :-) P 03/27/2006
Electronic Signature of Signing Officer or Director Date