

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000141263

**FILED**  
**Mar 31, 2006**  
**Secretary of State****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:**FLOWERS, RICHARD A  
1419 HARRIETT AV.  
HAINES CITY, FL 33844 US**Name and Address of New Registered Agent:**DELUCA, SUSAN H  
5630 SPRING RUN AV.  
ORLANDO, FL 32819 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: S.DELUCA

03/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: DO ( ) Change (X) Addition  
Name: CARTOLANO, JAMES P  
Address: 2622 MILL RUN BLVD.  
City-St-Zip: KISSIMMEE, FL 34744 US

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

COP

03/31/2006

Electronic Signature of Signing Officer or Director

Date