2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 20, 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 AV.
ORLANDO, FL 32819 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

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SUSAN DELUCA COP 04/20/2006

Electronic Signature of Signing Officer or Director — Date