

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161615

Entity Name: SAFETY KEEPER SECURITY, INC

FILED
May 29, 2007
Secretary of State

Current Principal Place of Business:

820 S.STATE ROAD 7
SUITE 2
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

2890 S.W. 9 STREET
FT LAUDERDALE, FL 33312

New Mailing Address:

820 S. STATE ROAD 7
SUITE 2
PLANTATION, FL 33317

FEI Number: 86-1121421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, JOCELYN J
2890 S.W. 9 STREET
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

JOSEPH, JOCELYN
820 S. STATE ROAD 7
SUITE 2
PLANTATION, FL 33317 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: SAFETY KEEPER SECURITY, INC.

05/29/2007

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: PT () Delete
Name: JOSEPH, JOCELYN J
Address: 2890 S.W. 9 STREET
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VS () Delete
Name: SYLVAIN, MARIEFRANCE
Address: 2890 S.W. 9 STREET
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: JOSEPH, JOCELYN
Address: 820 S. STATE ROAD 7 SUITE 2
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Change () Addition
Name: SYLVAIN, MARIEFRANCE
Address: 820 S. STATE ROAD 7 SUITE 2
City-St-Zip: PLANTATION, FL 33317

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: SYLVAIN MARIEFRANCE

VP

05/29/2007

Electronic Signature of Signing Officer or Director

Date