2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P05000010996

Entity Name: STATE SAFETY ASSOCIATES, INC.

Current Principal Place of Business:

911 DELAWARE AVENUE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

911 DELAWARE AVENUE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-2259068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNON, MICHAEL L JR.
911 DELAWARE AVENUE
FORT PIERCE, FL 34950 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ERHARDT, KEVIN
Address: 60 RIVERINA DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: VD ( ) Delete
Name: STILLER, DONALD
Address: 1601 SEAWAY DRIVE
City-St-Zip: FT. PIERCE, FL 34949

Title: TD ( ) Delete
Name: STILLER, CAREL
Address: 1601 SEAWAY DRIVE
City-St-Zip: FT. PIERCE, FL 34949

Title: SD ( ) Delete
Name: ERHARDT, SARA
Address: 60 RIVERINA DRIVE
City-St-Zip: PALM COAST, FL 32164

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: CAREL STILLER TD 04/21/2006
Electronic Signature of Signing Officer or Director Date