2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90272 016 ***150.00

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1. Entity Name

SAFEMEDIA CORP.

Principal Place of Business	Mailing Address
2500 AVE AU SOLEIL GULF STREAM FL 33483	2500 AVE AU SOLEIL GULF STREAM FL 33483

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
6531 PARK OF COMMERCE BLVD.	SAME
Suite, Apt. #, etc.: C-180	Suite, Apt. #, etc.: SAME
City & State: BOCA RATON FLORIDA	City & State: SAME
Zip: 33487 Country: U.S.A.	Zip: SAME Country: SAME

4. FEI Number: 55-0908643 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALINSKY, JAY L 750 SOUTHEAST THIRD AVENUE SUITE 100 FORT LAUDERDALE FL 33316	Name: JOSEPH L. MAHER III CPA Street Address (P.O. Box Number is Not Acceptable): 6531 PARK OF COMMERCE BLVD C-180 City: BOCA RATON FL Zip Code: 33487

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph L Maher III — JOSEPH L. MAHER III CFO — 4/28/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition CEO SAFWAT FAHMY 6531 PARK OF COMMERCE BLVD. C-180 BOCA RATON, FL. 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition CFO JOSEPH L. MAHER III 6531 PARK OF COMMERCE BLVD. C-180 BOCA RATON, FL. 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Maher III CFO — JOSEPH L. MAHER III CFO — 4/28/06 — 561-750-5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #