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: 6531 PARK OF COMMERCE BLVD.		3. Mailing Address: 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

VALINSKY, JAY L
750 SOUTHEAST THIRD AVENUE
SUITE 100
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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: [signature] 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 reinstating) 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: CEO NAME: SAFWAT FAHMY STREET ADDRESS: 6531 PARK OF COMMERCE BLVD. C-180 CITY-ST-ZIP: BOCA RATON, FL. 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: CFO NAME: JOSEPH L. MAHER III STREET ADDRESS: 6531 PARK OF COMMERCE BLVD. C-180 CITY-ST-ZIP: BOCA RATON, FL. 33487	☐ 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
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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: [signature] 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 #