2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055024

Entity Name: SAFE PLUS, INC.

FILED Jun 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

861 CYPRESS COVE WAY 203 MCLEAN POINTE

TARPON SPRINGS, FL 34688 US WINTER HAVEN, FL 33884 US

Current Mailing Address: New Mailing Address:

861 CYPRESS COVE WAY 203 MCLEAN POINTE

TARPON SPRINGS, FL 34688 US WINTER HAVEN, FL 33884 US

FEI Number: 20-2749174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HART, LEE J

861 CYPRESS COVE WAY 203 MCLEAN POINTE TARPON SPRINGS, FL 34688 US WINTER HAVEN, FL 33884 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: LEE JAY HART 06/05/2007

> 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: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete HART, LEE Name: Name: HART, LEE

861 CYPRESS COVE WAY 203 MCLEAN POINTE Address: Address:

City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: WINTER HAVEN, FL 33884 US

C,P Title: C,P Title: () Delete (X) Change () Addition

HART, LEE Name: HART, LEE Name:

861 CYPRESS COVE WAY 203 MCLEAN POINTE Address: Address: TARPON SPRINGS, FL 34688 US WINTER HAVEN, FL 33884 US City-St-Zip: City-St-Zip:

Title: Title: TS () Delete T.S (X) Change () Addition

HART, LEE HART, LEE Name: Name:

861 CYPRESS COVE WAY 203 MCLEAN POINTE Address Address: City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: WINTER HAVEN, FL 33884 US

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: LEE JAY HART D 06/05/2007