

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90255 019 \*\*\*150.00

<b>DOCUMENT # P05000062165</b> 1. Entity Name UNIVERSAL SAFE STRUCTURES, INC.			
Principal Place of Business 1900 S HARBOR CITY BLVD STE 315 MELBOURNE, FL 32901		Mailing Address 1900 S HARBOR CITY BLVD STE 315 MELBOURNE, FL 32901	
2. Principal Place of Business - No P.O. Box # <b>2910 Bush Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2910 Bush Dr.</b> Suite, Apt. #, etc.	
City & State <b>Melbourne, FL</b> Zip <b>32935</b> Country <b>USA</b>		City & State <b>Melbourne, FL</b> Zip <b>32935</b> Country <b>USA</b>	
4. FEI Number 20-2546589		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  HAWKINS, MICHAEL W 1900 S. HARBOR CITY BLVD. STE 315 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name <b>Avante Holding Group, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2910 Bush Dr.</b> City <b>Melbourne</b> FL Zip Code <b>32935</b>	
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 obligation of registered agent.			
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>Michael Hawkins</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE: <b>4-20-07</b> <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MICHAEL, HAWKINS W 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRANCEL, ANTHONY 1033 LAKE ST. BOLIVAR, TN 38008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WILLIAMS, STEPHEN 1485 HWY 34 EAST. STE. A. NEWNAN, GA 30265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KILPATRICK, WILLIS 2910 BUSH DR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AMON, THOMAS 500 FIFTH AVE. STE. 1650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SATURDAY, JEFFREY 2910 BUSH DR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>		DATE: <b>4-20-07</b> DAYTIME PHONE #: <b>321-421-6349</b> <small>DATE DAYTIME PHONE #</small>	