2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY ST-ZIP

changed, or on an attachment

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P05000089363** 04-23-2007 90091 019 ***150.00 SAFÉPORCH, INC. Principal Place of Business Mailing Address 7824 W WALDRON CT 7824 W WALDRON CT DUNNELLON, FL 34433 DUNNELLON, FL 34433 04182007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3059988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERTOCH, CARL A DO NOT WRITE 7655 W GULF TO LAKE HWY SUITE 13 CRYSTAL RIVER, FL 34429 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BUNTS, JOHN F SR NAME 7824 W WALDRON CT STREET ADDRESS DUNNELLON, FL 34433 CITY-ST-ZIP THELE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 of flustee empowered to precise his report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

FFICER OR DIRECTOR

FILED

Davlime Phone #