

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000091551

Entity Name: SAFER PASSAGE INC.

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7120 ST JOHNS WAY  
UNIVERSITY PARK, FL 34201

**New Principal Place of Business:**

**Current Mailing Address:**

7120 ST JOHNS WAY  
UNIVERSITY PARK, FL 34201

**New Mailing Address:**

FEI Number: 20-4122973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, MARJORIE A PHD  
7120 ST JOHNS WAY  
UNIVERSITY PARK, FL 34201 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUTLER, MARJORIE A  
Address: 7120 ST JOHNS WAY  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: VP (X) Delete  
Name: EVERS, CLARE  
Address: 5523 PALM AVENUE DRIVE  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: M. ASHLEY BUTLER

OWNE

04/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date