

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156691

FILED
Mar 19, 2008
Secretary of State

Entity Name: # 1 AMERICAN SAFETY INSTITUTE, INC. WWW.AMERICANSAFETYINSTITUTE.COM (ENGLISH OR SPANISH) PICK INTERNET OR CLASSROOM-LOCATIONS STATEWIDE 1-800-800-7121

Current Principal Place of Business:

9009 MAHAN DRIVE
SUITE 501
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

9009 MAHAN DRIVE
SUITE 501
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASSIDY, CATHERINE R
9009 MAHAN DRIVE
SUITE 501
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSIDY, BART
Address: 9009 MAHAN DRIVE SUITE 501
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP (X) Delete
Name: CASSIDY, CATHERINE
Address: 9009 MAHAN DRIVE SUITE 501
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASSIDY, CATHERINE
Address: 9009 MAHAN DRIVE SUITE 501
City-St-Zip: TALLAHASSEE, FL 32309 US

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

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: CATHERINE CASSIDY

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date