

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028680

FILED
Aug 11, 2007
Secretary of State

Entity Name: OVERLAND SAFETY TECHNOLOGIES CORPORATION

Current Principal Place of Business:

320 POLK STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

320 POLK STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 26-0694503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAUGHEAD, MICHAEL
320 POLK STREET
HOLLYWOOD, FL 33019 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

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: P () Delete
Name: CHINN, GREGORY
Address: 1275 CHASE HAMMOCK ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: LAUGHEAD, MICHAEL
Address: 320 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

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 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: MICHAEL LAUGHEAD

VP

08/11/2007

Electronic Signature of Signing Officer or Director

Date