

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040770

FILED  
Jan 30, 2011  
Secretary of State

Entity Name: SAFETEKK CONSULTING INC.

**Current Principal Place of Business:**

881 FRUIT COVE RD  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

881 FRUIT COVE RD  
ST JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 20-8234576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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  
Name: SORGE, DAVID M  
Address: 881 FRUIT COVE RD  
City-St-Zip: ST JOHNS, FL 32259

Title: V  
Name: JOHNSON, GAIL E  
Address: 881 FRUIT COVE RD  
City-St-Zip: ST JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: DAVID M SORGE

P

01/30/2011

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

\_\_\_\_\_  
Date