2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048801

City-St-Zip: MARGATE, FL 33068

Entity Name: KIDSAFE NETWORK, INC.

FILED Mar 24, 2009 Secretary of State

Entity Nai	ME: KIDSAFE NETWORK, INC.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
767 STATE RD. 7, SUITE 15 MARGATE, FL 33068		767 STATE RD. 7, SUITE 15 MARGATE, FL 33068		
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
767 STATE RD. 7, SUITE 15 MARGATE, FL 33068		767 STATE RD. 7, SUITE 15 MARGATE, FL 33068	SUITE 15	
FEI Number	: FEI Number Applied For ()	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address of N	Name and Address of New Registered Agent:	
23012 OLI BOCA RA	DBERT P JR. D INLET BRIDGE TON, FL 33433 US named entity submits this statement for e of Florida.	the purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registere	d Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution()			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete PRUE, DONALD D 767 STATE RD. 7, SUITE 15 MARGATE, FL 33068	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete LANG, IRYNA 23012 OLD INLET BRIDGE DR. BOCA RATON, FL 33433	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	STD () Delete LANG, ROBERT P JR. 767 STATE RD. 7. SUITE 15	Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT P LANG JR STD 03/24/2009