

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063150

Entity Name: SAFECARE, INC.

FILED
Apr 25, 2010
Secretary of State

Current Principal Place of Business:

11 RACETRACK RD. NE
STE. B3
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

548 MARY ESTHER CUT-OFF NW
PMB 216
FORT WALTON BEACH, FL 32548

Current Mailing Address:

11 RACETRACK RD. NE
STE. B3
FORT WALTON BEACH, FL 32547

New Mailing Address:

548 MARY ESTHER CUT-OFF NW
PMB 216
FORT WALTON BEACH, FL 32548

FEI Number: 26-2917033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIPSH, WHITNEY L.
1283 N. EGLIN PKWY, STE. A
SHALIMAR, FL 32579 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: DP
Name: BROSAN, JAMES R
Address: 548 MARY ESTHER CUT-OFF, PMB 216
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DS
Name: SACHS, COLEMAN J.
Address: 548 MARY ESTHER CUT-OFF, PMB 216
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DV
Name: BURNS, GAVIN
Address: 548 MARY ESTHER CUT-OFF, PMB 216
City-St-Zip: FORT WALTON BEACH, FL 32548

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: JAMES R. BROSAN

PD

04/25/2010

Electronic Signature of Signing Officer or Director

Date