


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000029717</b>	
1. Entity Name <b>STAINSAFE MANAGEMENT COMPANY</b>	

FILED

05 MAY -3 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>354 HIATT DR. PALM BEACH GARDENS, FL 33418 US</b>	Mailing Address <b>354 HIATT DR. PALM BEACH GARDENS, FL 33418 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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01242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0575357</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>FRIEDMAN, STEVEN 354 HIATT DR PALM BEACH GARDENS, FL 33418</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S FRIEDMAN, STEVEN 24 BERMUDA LK DR PALM BCH GDNS, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ABRAMS, MARC 8667 STEEPLECHASE PALM BCH GDNS, FL 33418</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400054530694 05/13/05--01066--021 **1050.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SAYRE, ROBERT 46 SOHGREST TER WEST PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>354 Hiatt Dr. Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T FRIEDMAN, IRVING Z 101 BANYAN ISLES WEST PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>\$3510</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date