


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000002299 1. Entity Name SAFETY PROFESSIONALS INC.	
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Principal Place of Business 10719 OUT ISLAND DR TAMPA, FL 33615	Mailing Address 10719 OUT ISLAND DR TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

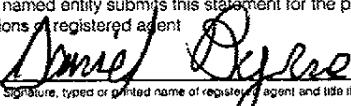
4. FEI Number 59-3384599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNE, DANIEL L
10719 OUT ISLAND DR
TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 1/22/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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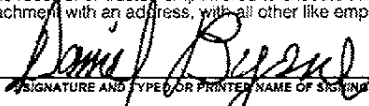
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, DANIEL L 10719 OUT ISLAND DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, SHERMAN 6803 CREEK DR W TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD, PAUL 11739 CARROLLWOOD COVE DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, LEROY 6948 LAKEVIEW AVE CIRCLE PINES, MN 55014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80038-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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:  DATE: 1/22/07 8:13 854 627

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #