

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041583

Entity Name: OPTI-SAFE MASK COMPANY

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1713 MAHAN DRIVE
TALLAHASSEE, FL

New Principal Place of Business:

1713 MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 37247
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3446816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, CHARLES R
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312 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: P () Delete
Name: HELLINGS, DEBORAH A
Address: 1483 CRESTVIEW AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: GARDNER, CHARLES R
Address: 1300 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DEBORAH HELLINGS

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date