2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092167

Entity Name: BAILEY AND BAILEY SAFETY CONSULTANTS, INC.

FILED May 04, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1035 S SEMON BLVD 1025 S SEMORAN BLVD 1029 STE 1079 STE

WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

1035 S SEMON BLVD 1025 S SEMORAN BLVD

1029 STE 1079 STE

WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US

FEI Number: 59-3545024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAILEY, ALBERT C
1035 S SEMORAN BLVD
STE 1093
WINTER PARK, FL 32792
BAILEY, ALBERT C
1025 S SEMORAN BLVD
STE 1079
STE 1079
WINTER PARK, FL 32792

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: 05/04/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITION

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BAILEY, MICHELLE
 Name:

 Address:
 3916 STONEHAVEN RD.
 Address:

 City-St-Zip:
 WINTER PARK, FL 32817
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 BAILEY, ALBERT C
 Name:

 Address:
 3916 STONEHAVEN RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT C. BAILEY VP 05/04/2004