2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# S85647

Entity Name: SAFETY AMERICA, INC.

Current Principal Place of Business:

4716 RIDGEWOOD AVENUE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

9204 HECKSCHER DR.
JACKSONVILLE, FL 32226 US

Current Mailing Address:

4716 RIDGEWOOD AVENUE
JACKSONVILLE, FL 32207 US

New Mailing Address:

P.O. BOX 8041
JACKSONVILLE, FL 32239 US

FEI Number: 59-3092368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMLINSON, R.L.
9204 HECKSCHER DR
JACKSONVILLE, FL 32226 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: PT ( ) Delete
Name: TOMLINSON, R.L.
Address: 9204 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: TOMLINSON, CATHERINE B
Address: 9204 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: PARRISH, MICKEY L
Address: 6937 LA MESA DR W
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: PARRISH, ALICE M
Address: 6937 LA MESA DRIVE W
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete
Name: TOMLINSON, CATHERINE B
Address: 9204 HECKSCHEE DR.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CATHERINE TOMLINSON VP 02/22/2007

Electronic Signature of Signing Officer or Director Date