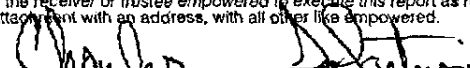


**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V01977</b>		<b>Mar 09, 2006 08:00 AM</b>	
<b>1. Entity Name</b> SAFEGUARD BUSINESS SYSTEMS OF BROWARD, INC.		<b>Secretary of State</b>	
<b>Principal Place of Business</b> 1642 SW 103 LANE FT. LAUDERDALE, FL 33324 US		<b>Mailing Address</b> 1642 SW 103 LANE FT. LAUDERDALE, FL 33324 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03062006 No Chg-F CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b> 65-0306787	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  INFANTINO, CHARLES 1642 SW 103RD LANE FT. LAUDERDALE, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<b>DATE</b> _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSTD</b> INFANTINO, CHARLES 1642 SW 103RD LANE DAVIE, FL		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>			
<b>SIGNATURE:</b> 		<b>3-6-06 954-474-1797</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone if</small>	