


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90179 036 ***150.00

DOCUMENT # P03000006956	
1. Entity Name AVENGER SAFETY PRODUCTS, INC.	

Principal Place of Business 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 32935-2163	Mailing Address 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 32935-2163
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50044665



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3892420	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

WIECKOWSKI, WACLAW
 1707 AZALEA CT UNIT B
 OLDSMAR, FL 34677-2700

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SOWINSKI, BARTLOMIEJ 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 329352163
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SOWINSKI, MARCIN 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 329352163
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: B Sowiński BARTLOMIEJ SOWINSKI 03/23/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #