


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90189 037 ***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**

2. Principal Place of Business
2885 Electronics Dr

3. Mailing Address
P.O. Box 612

Suite, Apt. #, etc.
Suite C15

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
Oldsmar, FL

Zip
32935-2163

Country
USA

Zip
34677-0612

Country
USA

40000000



04232006 Chg-P CR2E034 (11/05)

4. FEI Number
22-3892420

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WIECKOWSKI, WACLAW
 1707 AZALEA CT UNIT B
 OLDSMAR, FL 34677-2700**

7. Name and Address of New Registered Agent
 Name **SOWINSKI, Bartlomiej**
 Street Address (P.O. Box Number is Not Acceptable)
2885 Electronics Drive, Suite C15
 City **Melbourne** FL Zip Code **32935-2163**

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 *B. Sowinski* **Bartlomiej Sowinski** **04/12/2006**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SOWINSKI, BARTLOMIEJ 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 329352163 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOWINSKI, MARCIN 2885 ELECTRONICS DRIVE STE C15 MELBOURNE, FL 329352163 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *B. Sowinski* **Sowinski, Bartlomiej** **04/12/2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #