


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000006956


1. Entity Name
AVENGER SAFETY PRODUCTS, INC.



Principal Place of Business Mailing Address

2885 ELECTRONICS DR **POB 612**
STE C15 **OLDSMAR, FL 34677-0612**
MELBOURNE, FL 32935-2163

DO NOT WRITE IN THIS SPACE



04282007 No Chg-P CR2E034 (11/05)

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

SOWINSKI, BARTLOMIEJ
2885 ELECTRONICS DR STE C15
MELBOURNE, FL 32935-2163

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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SOWINSKI, BARTLOMIEJ
STREET ADDRESS	2885 ELECTRONICS DRIVE STE C15
CITY-ST-ZIP	MELBOURNE, FL 329352163
TITLE	VPS
NAME	SOWINSKI, MARCIN
STREET ADDRESS	2885 ELECTRONICS DRIVE STE C15
CITY-ST-ZIP	MELBOURNE, FL 329352163
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/07-80025-025 150.00

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: Bartel Sowinski **Bartlomiej Sowinski** **April 22, 2007**

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