


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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



04282008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000945050
 05/29/08-80125-012 150.00

DO NOT WRITE IN THIS SPACE

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 **Bartlomiej Sowinski** April 12, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #