



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90041 001 ***150.00

DOCUMENT # F02000004341 1. Entity Name MACE SECURITY PRODUCTS, INC.					
Principal Place of Business 3233 SW 2ND AVENUE FORT LAUDERDALE, FL 33315			Mailing Address 3233 SW 2ND AVENUE FORT LAUDERDALE, FL 33315		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 74-3057547	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP PAOLINO, LOUIS D JR. 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KRAMER, ROBERT M 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLINO, MATTHEW 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRZEMIEN, GREGORY M 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 reports 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/27/06 Daytime Phone # 1-856-778-2300					

ATTACHMENT

40101415

mace
SECURITY PRODUCTS

July 26, 2006

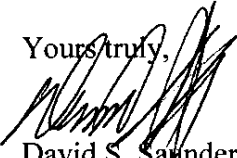
To: Ms. Tina D. Carter
C/O
Florida Department of State
Division of Corporations

Re: Mace Security Products, Inc. Ref#F02000004341

Dear Ms. Carter:

Pursuant to our conversation today, please note that we did not receive our annual report application on time. Please also note that as I advised you today, our location was severely damaged by Hurricane Wilma and Hurricane Katrina. I am enclosing the renewal payment in the amount of \$150 USD, and please remove any late fees.

Yours truly,


David S. Saunders
Controller

enclosure

ATTACHMENT 40101415

Division of Corporations**Annual Report**

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Document Number	F02000004341
Business Entity Name	MACE SECURITY PRODUCTS, INC.
Prior notice was	Received - \$400.00 late fee will be charged.
FEI Number	743057547
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 3233 SW 2ND AVENUE
Suite, Apt. #, etc.
City, State FORT LAUDERDALE, FL
Zip Code & Country 33315

Mailing Address

Address 3233 SW 2ND AVENUE
Suite, Apt. #, etc.
City, State FORT LAUDERDALE, FL
Zip Code & Country 33315

Name and Address of Registered Agent

RA Business Name C T CORPORATION SYSTEM
Address 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, etc.
City, State PLANTATION, FL
Zip Code & Country 33324 US
Registered Agent Signature

Officer/Director Name and Address

Title CP
Name (Last, First, Middle, Title) PAOLINO, LOUIS , D, JR.

ATTACHMENT

40101415
402000004341

Street Address 1000 CRAWFORD PLACE SUITE 400
City, State MT. LAUREL, NJ
Zip Code & Country 08054

Title DVS
Name (Last, First, Middle, Title) KRAMER, ROBERT , M
Street Address 1000 CRAWFORD PLACE SUITE 400
City, State MT. LAUREL, NJ
Zip Code & Country 08054

Title D
Name (Last, First, Middle, Title) PAOLINO, MATTHEW
Street Address 1000 CRAWFORD PLACE SUITE 400
City, State MT. LAUREL, NJ
Zip Code & Country 08054

Title T
Name (Last, First, Middle, Title) KRZEMIEN, GREGORY , M
Street Address 1000 CRAWFORD PLACE SUITE 400
City, State MT. LAUREL, NJ
Zip Code & Country 08054

Title GM
Officer/Director Signature MOSHE LUSKI

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