

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M31400

FILED
Mar 03, 2005
Secretary of State

Entity Name: MARSON SAFETY SYSTEMS, INC.

Current Principal Place of Business:

5500 NW 15 ST
STE 28
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

1201 SW 26 AVE
PMB 205
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-2691463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MARVIN
1900 SO OCEAN BLVD
14 S
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

LEVINE, MARVIN
101 PLAZA REAL SOUTH
107
BOCA RATON, FL 33432 US

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.

SIGNATURE: MARVIN LEVINE

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, MARVIN,
Address: 1900 S OCEAN BLVD. 14-S
City-St-Zip: POMPANO BCH, FL 33062

Title: D (X) Delete
Name: LEVINE, SONIA,
Address: 1900 S OCEAN BLVD #14-S
City-St-Zip: POMPANO BCH, FL 33062

Title: D () Delete
Name: KEHOE, WILLIAM H
Address: 116 ANGOL STREET
City-St-Zip: PORTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVINE, MARVIN,
Address: 101 PLAZA REAL SOUTH
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN LEVINE

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date