2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M31400

Entity Name: MARSON SAFETY SYSTEMS, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
109 NW 20 STREET C030 BOCA RATON, FL 33431 US	
,	New Mailing Address:
ourient maining Address.	New Maning Address.
1245 SW 26 AVE PMB 205 POMPANO BEACH, FL 33069 US	
FEI Number: 59-2691463 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LEVINE, MARVIN 101 PLAZA REAL SOUTH 107 BOCA RATON, FL 33432 US	LEVINE, MARVIN 8872 HARRODS DRIVE BOCA RATON, FL 33433 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: 02/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEVINE, MARVIN, LEVINE, MARVIN, Name: Name: 101 PLAZA REAL SOUTH Address: 8872 HARRDS DRIVE Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete Title: () Change () Addition

 Name:
 KEHOE, WILLIAM H
 Name:

 Address:
 PO BOX 708
 Address:

 City-St-Zip:
 CHOCOLOSKEE, FL 34138
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LEVINE, FREDERICK M
 Name:

 Address:
 10677 ST THOMAS DR
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PRES 02/19/2008