

FILED
Apr 23, 2005 08:00 A
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000091628

1. Entity Name
MONARCH SAFETY PRODUCTS, INC.



Principal Place of Business
**1001 WEST CYPRESS RD., SUITE 401
FORT LAUDERDALE, FL 33309**

Mailing Address
**PROSPECT CLOSE
KIRKSBY-IN-ASHFIELD, NOTTINGHAM
NG17 7LF U.K., XX**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0232741	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000325425
04/23/05-80015-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURTIS, PAUL 2 RECTORY COTTAGE WILLOW LANE NOTTINGHAM NG4 4BH U.K.,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PETO, JOHNATHAN 15 EBERS ROAD MAPPERLEY PARK NOTTINGHAM NG3 5DY U.K.,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **(J. PETO)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 2005 +44162375077
Date Daytime Phone #