




**FILED**  
**Mar 22, 2006 08**  
**Secretary of S**

<b>DOCUMENT # P00000091628</b> 1. Entity Name <b>MONARCH SAFETY PRODUCTS, INC.</b>			
Principal Place of Business <b>1001 WEST CYPRESS RD., SUITE 401 FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>PROSPECT CLOSE KIRKSBY-IN-ASHFIELD, NOTTINGHAM NG17 7LF U.K., XX</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>98-0232741</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		1000000477166 04/06/06-80041-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P CURTIS, PAUL 2 RECTORY COTTAGE WILLOW LANE NOTTINGHAM NG4 4BH U.K.,</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S PETO, JOHNATHAN 15 EBERS ROAD MAPPERLEY PARK NOTTINGHAM NG3 5DY U.K.,</b>			
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			
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>(J. PETO)</b>		14 <sup>th</sup> March 2006 1441623750777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	