2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# P01000003509

Entity Name: PATIENT SAFETY GEAR, INC.

Current Principal Place of Business:

400 NW 67TH STREET
APT. 106
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

400 NW 67TH STREET
APT. 106
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1089061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOSUSSO, GINA MARIE
400 NW 67TH STREET
APT. 106
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SANTOSUOSSO, GINA MARIE
400 NW 67TH STREET
APT. 106
BOCA RATON, FL 33487 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: GINA SANTOSUOSSO 01/31/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete
Name: SANTOSUSSO, GINA MARIE
Address: 400 NW 67TH STREET APT. 106
City-St-Zip: BOCA RATON, FL 33487

Title: DST ( ) Delete
Name: SANTOSUSSO, LINDA
Address: 400 NW 67TH STREET APT. 106
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition
Name: SANTOSUOSSO, GINA MARIE
Address: 400 NW 67TH STREET APT. 106
City-St-Zip: BOCA RATON, FL 33487

Title: DST (X) Change ( ) Addition
Name: SANTOSUOSSO, LINDA
Address: 400 NW 67TH STREET APT. 106
City-St-Zip: BOCA RATON, FL 33487

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: GINA SANTOSUOSSO DPV 01/31/2008
Electronic Signature of Signing Officer or Director Date