

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051468

FILED
Apr 30, 2010
Secretary of State

Entity Name: WARRIOR PERSONAL SAFETY, INC.

Current Principal Place of Business:

2541 FILLMORE STREET
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2541 FILLMORE STREET
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 27-0370624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUNTAINSPRINGS, INC.
2541 FILLMORE STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: ARANGO, ANTHONY
Address: 593 BROADWAY
City-St-Zip: MASSAPEQUA, NY 11758 US

Title: SVP
Name: LLEWELLYN, GORDON L
Address: 2541 FILLMORE STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP
Name: ARANGO, EILEEN A
Address: 593 BROADWAY
City-St-Zip: MASSAPEQUA, NY 11758 US

Title: VP
Name: LOFTUS, JOYCE M
Address: 2541 FILLMORE STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby 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 all other like empowered.

SIGNATURE: JOYCE LOFTUS

VP

04/30/2010

Electronic Signature of Signing Officer or Director

_____ Date