

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person* RILEY BRYANT R <small>(Last) (First) (Middle)</small> 11100 SANTA MONICA BLVD, SUITE 800 <small>(Street)</small> LOS ANGELES, CA 90025 <small>(City) (State) (Zip)</small>	2. Date of Event Requiring Statement (Month/Day/Year) 08/04/2005	3. Issuer Name and Ticker or Trading Symbol FLIGHT SAFETY TECHNOLOGIES INC [FLT]	
		4. Relationship of Reporting Person(s) to Issuer <small>(Check all applicable)</small> <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Specify Other Test	5. If Amendment, Date Original Filed(Month/Day/Year)
6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	741,600	I	.Footnote 1 (1)
Common Stock	63,400	I	Footnote 2 (2)
Common Stock	4,100	I	.Footnote 3 (3)
Common Stock	6,000	I	.Footnote 4 (4)
Common Stock	6,000	I	.Footnote 4 (4)
Common Stock	6,000	I	.Footnote 4 (4)
Common Stock	6,000	I	.Footnote 4 (4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
RILEY BRYANT R 11100 SANTA MONICA BLVD, SUITE 800 LOS ANGELES, CA 90025				Specify Other Test

Signatures

/s/ Bryant R. Riley	08/08/2005
<small>**Signature of Reporting Person</small>	<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) Sole equity holder of Riley Investment Management, LLC, manager of SACC Partners, LP
- (2) Sole equity holder of B. Riley & Co., Inc.
- (3) Trustee of the B. Riley & Co. Retirement Trust
- (4) Shares held by Reporting Person as custodian for his children. Reporting Person disclaims beneficial ownership of these securities, and this report should not be deemed an admission that Reporting Person is the owner of such securities for purposes of Section 16 or any other purpose

Remarks:

Reporting Person maintains sole dispositive power over all shares listed, which totals over 10% of outstanding stock. However Reporting Person disclaims beneficial ownership of shares held as custodian for his children.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.