
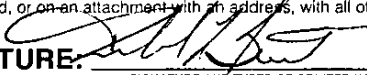


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90086 012 ***158.75

DOCUMENT # 847418							
1. Entity Name COMTECH SYSTEMS OF DELAWARE, INC.							
Principal Place of Business 2900 TITAN ROW SUITE 142 ORLANDO, FL 32809		Mailing Address 2900 TITAN ROW SUITE 142 ORLANDO, FL 32809					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1608396			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BURT, RICHARD L 2900 TITAN RD STE 142 ORLANDO, FL 32809			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BURT, RICHARD		NAME				
STREET ADDRESS	2900 TITAN ROW STE 142		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KORNBERG, FRED		NAME				
STREET ADDRESS	105 BAYLIS RD.		STREET ADDRESS				
CITY-ST-ZIP	MELVILLE, NY		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GUGLIELMO, AL		NAME				
STREET ADDRESS	2900 TITAN ROW STE 142		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	General Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BREIDT, SAM		NAME	CHOW, TOM			
STREET ADDRESS	2900 TITAN ROW STE 142		STREET ADDRESS	2900 TITAN ROW STE 142			
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP	ORLANDO, FL 32809			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUNTER, ROBERT		NAME				
STREET ADDRESS	2900 TITAN ROW STE 142		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROUSE, ROBERT		NAME				
STREET ADDRESS	105 BAYLIS RD		STREET ADDRESS				
CITY-ST-ZIP	MELVILLE, NY		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Richard L. BURT 2-18-05		407-854-1955			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

