## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000514

Entity Name: STINGER SYSTEMS, INC.

FILED Apr 21, 2009 Secretary of State

| Current Principal Place of Business:                                             |                                 |                                  |          | New Principal Place of Business:                                       |                                          |                                        |  |
|----------------------------------------------------------------------------------|---------------------------------|----------------------------------|----------|------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--|
| 2701 N ROCKY POINT DRIVE<br>SUITE 1130<br>TAMPA, FL 33607                        |                                 |                                  |          | 5505 JOHNS ROAD<br>SUITE 702<br>TAMPA, FL 33634                        |                                          |                                        |  |
| Current Mailing Address:                                                         |                                 |                                  |          | New Mailing Address:                                                   |                                          |                                        |  |
| 2701 N ROCKY POINT DRIVE<br>SUITE 1130<br>TAMPA, FL 33607                        |                                 |                                  |          | 5505 JOHNS ROAD<br>SUITE 702<br>TAMPA, FL 33634                        |                                          |                                        |  |
| FEI Number:                                                                      | 30-0296398                      | FEI Number Applied For ( )       | FEI Nun  | nber Not Appl                                                          | icable ( )                               | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent:                                    |                                 |                                  |          | Name and Address of New Registered Agent:                              |                                          |                                        |  |
| GRUDER, ROBERT F<br>2701 N ROCKY POINT DRIVE<br>SUITE 1130<br>TAMPA, FL 33607 US |                                 |                                  |          | GRUDER, ROBERT F<br>5505 JOHNS ROAD<br>SUITE 702<br>TAMPA, FL 33634 US |                                          |                                        |  |
|                                                                                  | named entity s<br>e of Florida. | submits this statement for the p | urpose o | f changing i                                                           | ts registere                             | d office or registered agent, or both, |  |
| SIGNATURE: ROBERT F GRUDER                                                       |                                 |                                  |          | 04/21/2009                                                             |                                          |                                        |  |
|                                                                                  | Electror                        | ic Signature of Registered Age   | nt       |                                                                        |                                          | Date                                   |  |
| Election Car                                                                     | npaign Financin                 | g Trust Fund Contribution ( ).   |          |                                                                        |                                          |                                        |  |
| OFFICERS AND DIRECTORS:                                                          |                                 |                                  |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                            |                                          |                                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | GRUDER, ROB                     | POINT DRIVE SUITE 1130           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | C<br>GRUDER, F<br>5505 JOHN<br>TAMPA, FL | S ROAD, SUITE 702                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | EXLEY, T. YAT                   | POINT DRIVE SUITE 1130           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                            | D<br>VAN PELT,<br>5505 JOHN<br>TAMPA, FL | S ROAD, SUITE 702                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | HELENE, AND                     | POINT DRIVE SUITE 1130           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                            |                                          | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | BELLISTRI, RC                   | POINT DRIVE SUITE 1130           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                            |                                          | ( ) Change ( ) Addition                |  |
| Title:<br>Name:                                                                  | DEITL, BO                       | ) Delete                         |          | Title:<br>Name:                                                        |                                          | ( ) Change ( ) Addition                |  |

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.

City-St-Zip:

SIGNATURE: ROBERT F GRUDER C 04/21/2009

TAMPA, FL 33607

City-St-Zip: