


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006754	
1. Entity Name DAKTRONICS, INC.	

Principal Place of Business 331 32ND AVE BROOKINGS, SD 57006	Mailing Address 331 32ND AVE BROOKINGS, SD 57006
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0306862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURTENBACH, AELRED 47209 220TH ST BROOKINGS, SD 570067112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCO MORGAN, JAMES B 2634 WESTERN AVE S. BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KURTENBACH, FRANK J 415 SOUTHVIEW DRIVE BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDER, DUANE E 660 FACULTY DRIVE BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GATZKE, CARLA S 1521 CALEUMET RD. BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, ROLAND J 150 OREGON AVENUE SO MINNEAPOLIS, MN 55426

**DO NOT WRITE
IN THIS SPACE**

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01/19/06-80003-008 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James B Morgan* 1/19/06 605 697-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #