

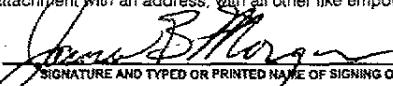


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006754</b>			
1. Entity Name <b>DAKTRONICS, INC.</b>			
Principal Place of Business <b>331 32ND AVE BROOKINGS, SD 57006</b>		Mailing Address <b>331 32ND AVE BROOKINGS, SD 57006</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>46-0306862</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees  <b>01/16/07-80041-016 150.00</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
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 2834 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		
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 5 JAN '07 (605) 697-4501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	