2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F99000001300

1. Entity Name

IMAGEWARE SYSTEMS, INC.



FILED Feb 04, 2005 08:00 AM Secretary of State

Principal Place of Business

10883 THORNMINT ROAD SAN DIEGO, CA 92127 US Mailing Address

10883 THORNMINT ROAD SAN DIEGO, CA 92127 US



01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 33-0224167 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8	3. The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both,	in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees

1100000215617 02/05/05-80016-007 158.75

OFFICERS AND DIRECTORS 10. CEOC TITLE MILLER, S. JAMES NAME 10883 THORNMINT ROAD STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92127 TITLE NAME WETHERLL, WAYNE CFO STREET ADDRESS 10883 THORNMINT ROAD CITY-ST-ZIP SAN DIEGO, CA 92127 TITLE NAME AUBUCHON, CHUCK STREET ADDRESS 10883 THORNMINT ROAD CITY-ST-ZIP SAN DIEGO, CA 92127 TITLE **SVPO** RODRIQUEZ, LORI NAME STREET ADDRESS 10883 THORNMINT ROAD SAN DIEGO, CA 92127 CITY-ST-ZIP TITLE DOWNS, PATRICK NAME 10883 THORNMINT ROAD STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92127 TITLE NAME HOLLERAN, JACK STREET ADDRESS 10883 THORNMINT ROAD SAN DIEGO, CA 92127 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 at 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 will an address, with all-other like empowered.

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

5. JAMES MILLER //31/05 (858)673-