FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90085 050 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095590

1. Entity Name
THE DRS GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
600 TECHNOLOGY PARK DRIVE SUITE 104 LAKE MARY, FL 32746	600 TECHNOLOGY PARK DRIVE SUITE 104 LAKE MARY, FL 32746

07062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1075 FLORIDA CENTRAL PKWY		1075 FLORIDA CENTRAL PKWY	
Suite, Apt. #, etc.: SUITE 2000		Suite, Apt. #, etc.: SUITE 2000	
City & State: LONGWOOD, FL		City & State: LONGWOOD, FL	
Zip: 32750	Country: SEMINOLE	Zip: 32750	Country: SEMINOLE

4. FEI Number: 59-3748214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, PAUL R
600 TECHNOLOGY PARK DRIVE
SUITE 104
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: SOLOMON, PAUL R
Street Address (P.O. Box Number is Not Acceptable): 1075 FLORIDA CENTRAL PKWY
SUITE 2000
City: LONGWOOD FL Zip Code: 32750

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 X P R Solomon REGISTERED AGENT X 7-10-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEWMAN, CLIFFORD		NAME		
STREET ADDRESS	39 ASPEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVINGSTON, NJ 07039		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] X 7-9-07 212-924-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #