


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025269 1. Entity Name SECURITEK-TACTICAL, INC.	
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Principal Place of Business 9881 PORTA LEONA LN BOYNTON BCH, FL 33437	Mailing Address 9881 PORTA LEONA LN BOYNTON BCH, FL 33437
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1978536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GLICKMAN, GARRY M ESQUIRE
1601 FORUM PL STE 1101
W PALM BCH, FL 33401

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000572393
07/27/06-80004-008 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, SCOTT J 9881 PORTA LEONA LN BOYNTON BCH, FL 33437
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06 561-902-7909
Date Daytime Phone #