2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065266

Entity Name: EXPLOSIVES DETECTION GROUP, INC.

FILED Jan 12, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|

801 BRICKELL AVE STE 900 ONE BRICKELL SQUARE

MIAMI, FL 33131

801 BRICKELL AVE STE 900 ONE BRICKELL SQUARE, SUITE 900 MIAMI, FL 33131

New Mailing Address:

Current Mailing Address:

801 BRICKELL AVE STE 900 ONE BRICKELL SQUARE MIAMI, FL 33131

FEI Number: 20-1029809 FEI N

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLACK, WAYNE 801 BRICKELL AVE STE 900 ONE BRICKELL SQUARE MIAMI, FL 33131 US BLACK, WAYNE B 801 BRICKELL AVE ONE BRICKELL SQUARE MIAMI, FL 33131 US

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.

SIGNATURE: WAYNE B. BLACK

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BLACK, WAYNE B

MIAMI, FL 33131

801 BRICKELL AVE STE 900

(X) Change () Addition

() Change () Addition

Title: D () Delete

Name: BLACK, WAYNE

Address: 801 BRICKELL AVE STE 900

City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MAZZILLI. VINCENT

Address: 801 BRICKELL AVE STE 900

City-St-Zip: MIAMI, FL 33131

Title: D () Delete

 Name:
 GOWER-BLACK, CINDY

 Address:
 801 BRICKELL AVE STE 900

 City-St-Zip:
 MIAMI, FL 33131

Name: Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Title: Name: Address:

City-St-Zip:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE B. BLACK D 01/12/2006