

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P31230
 1. Entity Name
DORON PRECISION SYSTEMS, INC.



Principal Place of Business Mailing Address
% CARL J. WENZINGER, JR. **174 COURT ST**
PO BOX 400 **P.O. BOX 400**
BINGHAM, NY 13902 US **BINGHAMTON, NY 13902 US**



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1020280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WENZINGER, CARL J
STREET ADDRESS	725 COLUMBIA DRIVE, APT. L-49
CITY-ST-ZIP	JOHNSON CITY, NY 13790
TITLE	PD
NAME	WENZINGER, DONALD
STREET ADDRESS	4513 MERCER PLACE
CITY-ST-ZIP	VESTAL, NY 13850
TITLE	TS
NAME	NICKERSON, BRETT R
STREET ADDRESS	785 BALLYHACK RD
CITY-ST-ZIP	PORT CRANE, NY 13833
TITLE	D
NAME	PRICE, W. RALPH
STREET ADDRESS	12 OAK ST
CITY-ST-ZIP	BINGHAMTON, NE 13905
TITLE	D
NAME	ERNST, CARL R
STREET ADDRESS	1061 MEADOW POND LANE
CITY-ST-ZIP	LITTLE MEADOWS, PA 18830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000585556
 05/22/06-80001-020 150.00

DO NOT WRITE 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: B.R. Nickerson **B.R. NICKERSON** 4/28/06 607-772-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #