


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000017872  
1. Entity Name  
ERDMAN VIDEO SYSTEMS, INC.



Principal Place of Business  
8895 SW 129 STREET  
MIAMI, FL 33176

Mailing Address  
8895 SW 129 STREET  
MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0393948

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERDMAN, M R  
8895 SW 129 STREET  
MIAMI, FL 33176

**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          | D                   |
| NAME           | ERDMAN, M R         |
| STREET ADDRESS | 8895 SW 129 STREET  |
| CITY-ST-ZIP    | MIAMI, FL 33176     |
| TITLE          | PV                  |
| NAME           | ERDMAN, M R         |
| STREET ADDRESS | 8895 SW 129 STREET  |
| CITY-ST-ZIP    | MIAMI, FL 33176     |
| TITLE          | TS                  |
| NAME           | WEAVER, CHRISTINE M |
| STREET ADDRESS | 8895 SW 129 STREET  |
| CITY-ST-ZIP    | MIAMI, FL 33176     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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05/11/06-80063-024 150.00

**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: Clayton M. Weaver 27 Apr 2006 3052529560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #