2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# P95000064286

Entity Name: DIGITAL AUTHENTICATION TECHNOLOGIES, INC.

Current Principal Place of Business:

1900 GLADES ROAD
SUITE #441
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

1900 GLADES ROAD
SUITE #441
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0617160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD., NW
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BDB AGENT CO., AN OHIO CORPORATION
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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: SOLOMON ZOBERMAN, ASSISTANT SECRETARY 02/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete
Name: DUBE, ROGER R DR
Address: 1900 GLADES ROAD, SUITE 441
City-St-Zip: BOCA RATON, FL 33431

Title: V ( ) Delete
Name: MILSTEIN, MARK
Address: 4350 RENAISSANCE PKWY STE D
City-St-Zip: WARRENSVILLE HGTS., OH 44128

Title: T ( ) Delete
Name: LEVY, JOEL
Address: 2101 CORPORATE BLVD, SUITE 317
City-St-Zip: BOCA RATON, FL 33431

Title: C ( ) Delete
Name: MORGENSTERN, RICHARD L
Address: 1900 GLADES ROAD, SUITE 441
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROGER R. DUBE, PH.D. P/S 02/21/2006
Electronic Signature of Signing Officer or Director Date