

2006 FOR PROFIT CORPORATION ANNUAL REPORT


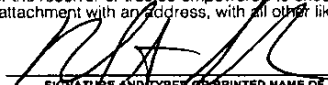
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Jan 30, 2006 8:00 am
Secretary of State

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01162006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000008088					
1. Entity Name DRS TACTICAL SYSTEMS, INC.					
Principal Place of Business 3520 US HWY 1 NE PALM BAY, FL 32905			Mailing Address 5 SYLVAN WAY PARSIPPANY, NJ 07054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2487888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEIGHT, RICHARD P		NAME		
STREET ADDRESS	3520 US HWY 1 NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, RICHARD A		NAME		
STREET ADDRESS	5 SYLVAN WAY		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, NINA L		NAME		
STREET ADDRESS	5 SYLVAN WAY		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, MARK S		NAME	D Newman, Mark S	
STREET ADDRESS	5 SYLVAN WAY		STREET ADDRESS	1501 Northpoint Parkway, Suite 104	
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: 1/16/06		Daytime Phone #: 973-898-1500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	