FORCE PROTECTION INC Form 3 March 31, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> POLLAI			2. Date of Event Requir Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol FORCE PROTECTION INC [frpt]				
(Last)	(First)	(Middle)	03/31/2006		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
85 LABBE	LANE					(-	·····		
(Street)			(Che		all applicable)	6. Indi	6. Individual or Joint/Group		
LEONARD	9, MI 48	367		Officer	X_Director10% Owner OfficerOther (give title below) (specify below)		Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I	- Non-Derivat	ive Securitie	es Beneficia	eneficially Owned		
1.Title of Secu (Instr. 4)	ırity			nt of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of I Ownership (Instr. 5)	ndirect Beneficial		
Reminder: Rep owned directly			ch class of securities bene	eficially S	EC 1473 (7-02)				
	inforr requi curre	nation conta red to respo ntly valid Ol	pond to the collection ained in this form are in nd unless the form di MB control number.	not splays a	warrante anti	ons converti	hle securities)		
	Table II - De	I ivalive Secu	Thes beneficially Owned	u (e.g., puts, cans,	warrants, opti	ons, converti	ble securities)		
1. Title of Der (Instr. 4)	ivative Securi	Expir	ration Date Secu /Day/Year) Deri	itle and Amount of urities Underlying ivative Security tr. 4)	4. Conversio or Exercis Price of		(Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Addu	ess	Relationships				
L C	Director	10% Owner	Officer	Other		
POLLARD RAYMOND 85 LABBE LANE LEONARD, MI 48367	ÂX	Â	Â	Â		
Signatures						
/s/Raymond Pollard	03/31/2006					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.