


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 852053
1. Entity Name
ELECTRONIC WARFARE ASSOCIATES, INC.



Principal Place of Business
**13873 PARK CENTER RD
5TH FLOOR
HERNDON, VA 20171 US**

Mailing Address
**13873 PARK CENTER RD
5TH FLOOR
HERNDON, VA 20171 US**



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1082215 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PROCTOR, SCOTTY N
250 INTERNATIONAL PKWY
SUITE 240
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC GUERRERI, CARL 13873 PARK CENTER ROAD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, JOHN Y 1477 CHAIN BRIDGE ROAD #101 MC LEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOLLY, ED 13873 PARK CENTER ROAD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERR, GARY 13873 PARK CENTER ROAD HERNDON, VA 22071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MOREY, WILLIAM 13873 PARK CENTER ROAD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTISTA, ANTHONY 8 PIECE PIPE LANE ALEXANDRIA, VA 22314

100000167223
07/13/04-80015-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edward J. Connolly* 7-8-04

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