


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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



01052006 No Chg-P CR2E034 (11/05)

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

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02/02/06-80046-022 158.75

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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: GARY M. KERR 1-5-06 903 904 5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

TITLE	PTD
NAME	RIDLEY, FRANK M
STREET ADDRESS	1585 REGATTA DR.
CITY- ST- ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: FRANK M. RIDLEY 01/21/06 964-26 2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #