

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852053

FILED
Jul 05, 2007
Secretary of State

Entity Name: ELECTRONIC WARFARE ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 54-1082215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, SCOTTY N
250 INTERNATIONAL PKWY
SUITE 240
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: GUERRERI, CARL
Address: 13873 PARK CENTER ROAD
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: MERRILL, JOHN Y
Address: 1477 CHAIN BRIDGE ROAD #101
City-St-Zip: MC LEAN, VA 22101

Title: VD () Delete
Name: CONNOLLY, ED
Address: 13873 PARK CENTER ROAD
City-St-Zip: HERNDON, VA 20171

Title: V () Delete
Name: KERR, GARY
Address: 13873 PARK CENTER ROAD
City-St-Zip: HERNDON, VA 22071

Title: VSTD () Delete
Name: MOREY, WILLIAM
Address: 13873 PARK CENTER ROAD
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: BATTISTA, ANTHONY
Address: 8 PIECE PIPE LANE
City-St-Zip: ALEXANDRIA, VA 22314

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:

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 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: STEVE N. LUXFORD

ATTO

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date