


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 035 ***150.00

DOCUMENT # F01000001569

1. Entity Name
ADROIT SYSTEMS, INC.



Principal Place of Business Mailing Address
 124 EAST MIRACLE STRIP PKWY SUITE 202 MARY ESTHER, FL 32569-1330
 4300 Fair Lakes Ct. FAIRFAX, VA 22033

20013616



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
54-1249257

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **COLGENAU, ERNST**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE **D** Change Addition
 NAME **VOLGENAU, ERNST**
 STREET ADDRESS **4350 Fair Lakes Ct. Fairfax, VA 22033**

TITLE **D** Delete
 NAME **BREHM, WILLIAM K**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE **COO** Change Addition
 NAME **DAVID A. KRIEBMAN**
 STREET ADDRESS **4350 Fair Lakes Ct. Fairfax, VA 22033**

TITLE **D** Delete
 NAME **HUGHES, STEPHEN C**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASST** Delete
 NAME **GRUBBS, WAYNE C**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE **Treasurer** Change Addition
 NAME **same person**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE **CFOS** Delete
 NAME **HUGHES, STEPHEN C**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PCOO** Delete
 NAME **DIPENTIMA, RENATO**
 STREET ADDRESS **4350 FAIR LAKES COURT**
 CITY-ST-ZIP **FAIRFAX, VA 22033**

TITLE **CEO D** Change Addition
 NAME **same person**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05
 Date

(703) 803 1904
 Daytime Phone #