


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000596 1. Entity Name INTREPID TECHNICAL SERVICES, INC.	
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Principal Place of Business 6621-A ELECTRONIC DR. SPRINGFIELD, VA 22151	Mailing Address 6621-A ELECTRONIC DR. SPRINGFIELD, VA 22151
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1753487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, TIMOTHY R
2855 GOLDEN POND BLVD.
ORANGE PARK, FL 32073

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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 reinstating)

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

U00000396074
01/27/06-80017-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDENHOUR, STEVE 4005 SHARP PLACE ALEXANDRIA, VA 22304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT DUSENBERRY, L. JILL 3526 MORNINGSIDE DR. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUSENBERRY, L. JILL 3526 MORNINGSIDE DR. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTO HASSAN, REZA 13807 FOGGY HILLS CT. CLIFTON, VA 20124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  L. Jill Dusenberry 1/13/06 703-916-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #