2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2005 08:00 AM Secretary of State DOCUMENT # F04000002685 1. Entity Name GROUP W VIRGINIA INC. Principal Place of Business Mailing Address 8315 LEE HIGHWAY, SUITE 303 8315 LEE HIGHWAY, SUITE 303 FAIRFAX, VA 22031 FAIRFAX, VA 22031 02182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0795636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEARY, MICHAEL DO NOT WRITE 1127 S. PATRICK DR., STE 27 SATELLITE BEACH, FL 32937 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 Michael \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRADY, JAMES W NAME STREET ADDRESS 3218 AMBERLEY LANE FAIRFAX, VA 22031 CITY-ST-ZIP U00001245617 TITLE 92/38/08-80009-JI2 15**0.0**0 WHITMAN, STUART E NAME 4105 FAIRFAX CENTER CREEK DR. STREET ADDRESS CITY-ST-ZIP FAIRFAX, VA 22030 HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: James W. Brady SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

NAME STREET ADDRESS CITY-ST-ZIP

FILED