Jul-13-2004 02:44pm From-JJA CONSULTANTS 703-359-[illegible]

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90015 017 ***158.75

DOCUMENT # F95000006170

1. Entry Name
JOHNSON & JOHNSON ASSOCIATES, CONTINUOUS IMPROVEMENT CONSULTANTS, INC.

54063684

Principal Place of Business	Mailing Address
3970 CHAIN BRIDGE RD FAIRFAX, VA 22030	3970 CHAIN BRIDGE RD , FAIRFAX, VA 22030

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-1566093 ☐ Applied For ☐ Not Applicable

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
FORBES, LINCOLN 4867 SW 147TH PLACE MIAMI, FL 33185	Name: Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable): Suite E, 1134 4th Ave North City: Naples FL Zip Code: 34102

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] 7/13/04
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
Due by September 6, 2004

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP EDOSOMWAN, JOHNSON A 3549 OLD LEE HWY FAIRFAX, VA 22030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6821 Ox Road Fairfax Station, VA 22039
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD EDOSOMWAN, MARY I 3549 OLD LEE HWY FAIRFAX, VA 22030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6821 Ox Road Fairfax Station, VA 22039
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SAVAGE-MOORE, WANDA 5401 SAFE HARBOR CT FAIRFAX, VA 22032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5602 Willow Crossing Ct Clifton, VA 20124
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] WANDA SAVAGE-MOORE 7/13/04 703 359 5969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #