

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006170

Entity Name: JJA CONSULTANTS, INC.

FILED  
Jul 19, 2005  
Secretary of State

## Current Principal Place of Business:

3970 CHAIN BRIDGE RD  
FAIRFAX, VA 22030

## New Principal Place of Business:

## Current Mailing Address:

3970 CHAIN BRIDGE RD  
FAIRFAX, VA 22030

## New Mailing Address:

FEI Number: 54-1566093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGENTS AND CAPNATIMS, INC.  
STE E 773 4TH AVE N  
NAPLES, FL 34102 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: CP ( ) Delete  
Name: EDOSOMWAN, JOHNSON A  
Address: 6821 OX ROAD  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: STD ( ) Delete  
Name: EDOSOMWAN, MARY I  
Address: 6821 OX ROAD  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: VD ( ) Delete  
Name: SAVAGE-MOORE, WANDA  
Address: 5602 WILLOW CROSSING CT  
City-St-Zip: CLIFTON, VA 20124

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WANDA SAVAGE-MOORE

VP

07/19/2005

Electronic Signature of Signing Officer or Director

Date