## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2005 08:00 AM Secretary of State

(703) 263-0477

Daytime Phone #

DOCUMENT # P34269  1. Entity Name EAGLE AVIATION SERVICES & TECHNOLOGY, INC.  Principal Place of Business P.O. BOX 254302 PATRICK AIR FORCE BASE, FL 32925  Mailing Address 14310 SULLYFIELD CIRCLE SUITE 600 CHANTILLY, VA 20151-1629				Secretary of State		
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent  UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE, SUTIE 200  TALLAHASSEE, FL 32301			O1142005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S4-1250586 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  DO NOT WRITE 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  Signature, typed or printed name of registered agent and this 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 Finan- Trust Fund Contribution.  10. OFFICERS AND DIRECTORS			cing \$5.	.00 May Be led to Fees	The state of the s	No. 3 - Ma Angulay prop. and
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABYANIC; THOMAS A 95 MENLOUGH DR WARRENTON, VA 20186 D GADD, RICHARD 2009 SPRING BRANCH DRIVE VIENNA, VA				U00001 01/27/05-	0197659 -80021-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VILINO, YA				NOT W THIS SP	ł
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
STREET ADDRESS CITY-ST-ZIP  12. I hereby of indicated of the conchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowers , or on an attachment with an address, with all	ling does not qualify for the exert and accurate and that my signate to execute this report as require to ther like empowered.	nption stated in Seure shall have the seed by Chapter 607	ction 119.07(3)(i ame legal effec , Florida Statute	i), Florida Statutes. I t as if made under or s; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED THAT OF SIGNING OFFICER OR DIRECTOR