


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P38527

1. Entity Name
PEER CONSULTANTS, P.C.



Principal Place of Business 12300 TWINBROOK PARKWAY, SUITE 410 ROCKVILLE, MD 20852	Mailing Address 12300 TWINBROOK PARKWAY, SUITE 410 ROCKVILLE, MD 20852
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1135381	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABRON, LILIA A
1460 GULF BLVD.
SUITE 1113
CLEARWATER, FL 33767**

**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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	ABRON, LILIA A 1460 GULF BLVD. # 1103 CLEARWATER, FL 33767
TITLE V	TUCKER, JOHN 12113 STONEY BOTTOM ROAD GERMANTOWN, MD 20874
TITLE EO	MCCADDEN, CAROLYN 424 FERNWOOD FARMS ROAD CHESAPEAKE, VA 23320
TITLE V	DAVIES-VENN, CHRISTIAN 18820 FALLING STAR ROAD GERMANTOWN, MD 20874
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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01/30/06-80033-023 158.75

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: Lilia A. Abron **Lilia A. Abron** 1/13/06 301-816-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #