

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38527

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: PEER CONSULTANTS, P.C.

## Current Principal Place of Business:

12300 TWINBROOK PARKWAY, SUITE 410  
ROCKVILLE, MD 20852

## New Principal Place of Business:

## Current Mailing Address:

12300 TWINBROOK PARKWAY, SUITE 410  
ROCKVILLE, MD 20852

## New Mailing Address:

FEI Number: 52-1135381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABRON, LILIA A  
Address: 1460 GULF BLVD. # 1103  
City-St-Zip: CLEARWATER, FL 33767

Title: V ( ) Delete  
Name: TUCKER, JOHN  
Address: 12113 STONEY BOTTOM ROAD  
City-St-Zip: GERMANTOWN, MD 20874

Title: EO ( ) Delete  
Name: MCCADDEN, CAROLYN  
Address: 424 FERNWOOD FARMS ROAD  
City-St-Zip: CHESAPEAKE, VA 23320

Title: V ( ) Delete  
Name: DAVIES-VENN, CHRISTIAN  
Address: 18820 FALLING STAR ROAD  
City-St-Zip: GERMANTOWN, MD 20874

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: NOEL, IVAN C  
Address: 14610 BULL RUN RD #136  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LILIA A. ABRON

P

01/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date