2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# 281957

Entity Name: TRULAND OF FLORIDA, INC.

Current Principal Place of Business:

1900 ORACLE WAY
SUITE 700
RESTON, VA 201904733

New Principal Place of Business:

Current Mailing Address:

1900 ORACLE WAY
SUITE 700
RESTON, VA 201904733

New Mailing Address:

FEI Number: 59-1083182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALSH, GERALD M.
402 COURTHOUSE SQUARE BLDG.
200 S.E. 6TH ST.
FORT LAUDERDALE, FL 33301 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: PD ( ) Delete
Name: TRULAND, ROBERT W
Address: 15800 DARNESTWON ROAD
City-St-Zip: GERMANTOWN, MD 20874

Title: D ( ) Delete
Name: TRULAND, ROBERT W.
Address: 15800 DARNESTOWN RD
City-St-Zip: GERMANTOWN, MD

Title: S ( ) Delete
Name: MOINI, INGRID A.,
Address: 2679 MARCEY ROAD
City-St-Zip: ARLINGTON, VA

Title: D ( ) Delete
Name: TRULAND, MARY W
Address: 15800 DARNESTOWN ROAD
City-St-Zip: GERMANTOWN, MD 20874

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:

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: INGRID A MOINI SECR 03/12/2007
Electronic Signature of Signing Officer or Director — Date