

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90236 020 ***150.00

DOCUMENT # 812498 1. Entity Name TREVELLYAN CORPORATION					
Principal Place of Business C/O JOSEPH D SYDNOR 1005 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154-117 US			Mailing Address C/O JOSEPH D SYDNOR 1005 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154-117 US		
2. Principal Place of Business - No P.O. Box # 1005 Kane Concourse		3. Mailing Address 1005 Kane Concourse			
Suite, Apt. #, etc. Suite #203		Suite, Apt. #, etc. Suite #203			
City & State Bay Harbor Islands, FL		City & State Bay Harbor Islands, FL			
Zip 33154	Country USA	Zip 33154	Country USA	4. FEI Number 59-0825135	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SYDNOR, JOSEPH D CPA. 1005 KANE CONCOURSE STE 203 BAY HARBOR ISLANDS, FL 33154				7. Name and Address of New Registered Agent Name C/o Kris I. Dougherty, CPA Street Address (P.O. Box Number is Not Acceptable) 1005 Kane Concourse, Suite #203 City Bay Harbor Islands FL Zip Code 33154	
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 <u><i>Kris I Dougherty</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SYDNOR, JOSEPH D 1005 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Schroeder, Elizabeth A. 8441 Holly Leaf Drive McLean, VA 22101	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADDY, PHYLLIS L 6621 MCLEAN COURT MCLEAN, VIRGINIA 00000.		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Holtz, Barbara A. 8220 Stone Trail Drive Bethesda, MD 20817-4556	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Elizabeth A Schroeder</i></u> Elizabeth A. Schroeder, Pres. 4/22/07 703-356-4352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					