


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 046 ***150.00

DOCUMENT # F01000002180	
1. Entity Name THE POTOMAC GROUP & ASSOCIATES, INC.	

Principal Place of Business 13515 BALLANTYNE CORPORATION PLACE CHARLOTTE NC 28277	Mailing Address 13515 BALLANTYNE CORPORATION PLACE CHARLOTTE NC 28277
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 38-3514932		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIZA, RONALD	NAME	
STREET ADDRESS	13515 BALLANTYNE CORPORATION PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, CHRISTOPHER J	NAME	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LEARY, PATRICK J	NAME	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADAU, DREW T	NAME	
STREET ADDRESS	13515 BALLANTYNE CORPORATE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOWIECKI, RON	NAME	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ronald Giza</i>	Ronald Giza 2/11/05	231-737-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #