


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005519 1. Entity Name NATIONAL CAPITAL ADMINISTRATIVE SERVICES, INC.	
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Principal Place of Business 3928 PENDER DRIVE STE. 100 FAIRFAX, VA 22030	Mailing Address 3928 PENDER DRIVE STE. 100 FAIRFAX, VA 22030
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DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1330940	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	DCOB DEVOU, GREGORY A 3132 RIVER VALLEY CHASE WEST FRIENDSHIP, MD 21794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELBER, MICHAEL J 14 LOCHMOOR COURT TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCIOTTO, JOHN A 704 SUSSEX ROAD TOWSON, MD 21286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIWOLF, DAVID 1405 FALLS CREST RD. FALLSTON, MD 21047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBBITT, JAMES E 5528 APPERSON ROAD WHITE MARSH, MD 21162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, MICHAEL A 1811 OTHELLO COURT BEL AIR, MD 21015

<p>U00000368644 06/20/05-80001-009 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Michael A Thompson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6/9/05</u> <small>Date</small>	<u>443-471-4628</u> <small>Daytime Phone #</small>
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