


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90028 041 \*\*\*150.00

<b>DOCUMENT # F02000005519</b> 1. Entity Name <b>NATIONAL CAPITAL ADMINISTRATIVE SERVICES, INC.</b>					
Principal Place of Business <b>3928 PENDER DRIVE STE. 100 FAIRFAX, VA 22030</b>			Mailing Address <b>3928 PENDER DRIVE STE. 100 FAIRFAX, VA 22030</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>52-1330940</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB DEVOU, GREGORY A 3132 RIVER VALLEY CHASE WEST FRIENDSHIP, MD 21794	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen L McDonald 2772 Hill Rd Fairfax, VA 22181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELBER, MICHAEL J 14 LOCHMOOR COURT TIMONIUM, MD 21093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brenda L Betke 9 Bluebird Ct. Sparrows Point, MD 21219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCIOTTO, JOHN A 704 SUSSEX ROAD TOWSON, MD 21286	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Livio A Broccolino 713 E Seminary Ave TOWSON, MD 21286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIWOLF, DAVID 1405 FALLS CREST RD. FALLSTON, MD 21047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pat K Ulrich 12689 Victory Lakes Loop Bristow, VA 20136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBBITT, JAMES E 5528 APPERSON ROAD WHITE MARSH, MD 21162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael J Casarella 19013 Gold Mine Place Brockville, MD 20833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, MICHAEL A 1811 OTHELLO COURT BEL AIR, MD 21015	<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.					
<b>SIGNATURE:</b> <i>Michael A Thompson</i> <b>Michael A Thompson</b> 2/17/06 443-471-4628					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40015934



#FO200005519

PO Box 220887  
Charlotte, NC 28222  
704-364-3865  
704-362-1047-fax

February 17, 2007

Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: National Capital Administrative Services, Inc. 2003 Business Report

Division of Corporations:

Please find enclosed the 2006 Annual Report form, a list of our Directors/Officers and a check made payable to Division of Corporations in the amount of \$150.00 for the fee.

Please contact me if any questions, 704 716-5045 or e-mail: [Jeanette.Shore@ncas.com](mailto:Jeanette.Shore@ncas.com)

With regards,

A handwritten signature in cursive script that reads "Jeanette Shore".

Jeanette Shore  
Enclosures