

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004402

FILED
Jan 09, 2007
Secretary of State

Entity Name: MILLENNIUM SCIENCE & ENGINEERING, INC.

Current Principal Place of Business:

14150 NEWBROOK DRIVE
SUITE 120
CHANTILLY, VA 20151 US

New Principal Place of Business:

Current Mailing Address:

14150 NEWBROOK DRIVE
SUITE 120
CHANTILLY, VA 20151

New Mailing Address:

FEI Number: 54-1767169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CP () Delete
Name: LOVEN, ANDREW W
Address: 6145 BARFIELD RD., STE. 110
City-St-Zip: ATLANTA, GA 30328

Title: VP () Delete
Name: RICE, DALE A
Address: 14150 NEWBROOK DRIVE, SUITE 120
City-St-Zip: CHANTILLY, VA 20151

Title: VP (X) Delete
Name: LOONEY, JOHN H
Address: 14150 NEWBROOK DRIVE, SUITE 120
City-St-Zip: CHANTILLY, VA 20151

Title: VP () Delete
Name: KELSEY, RICHARD K
Address: 1605 NORTH 13TH STREET
City-St-Zip: BOISE, ID 83702

Title: VP () Delete
Name: HUNTER, PAUL K
Address: 1605 NORTH 13TH STREET
City-St-Zip: BOISE, ID 83702

Title: CFO () Delete
Name: LOUIS, AJIT
Address: 14150 NEWBROOK DRIVE, SUITE 120
City-St-Zip: CHANTILLY, VA 20151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: LOVEN, ANDREW W
Address: 5300 OAKBROOK PARKWAY, SUITE 360
City-St-Zip: NORCROSS, GA 30093

Title: SVP (X) Change () Addition
Name: RICE, DALE A
Address: 14150 NEWBROOK DRIVE, SUITE 120
City-St-Zip: CHANTILLY, VA 20151

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: AJIT LOUIS

CFO

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date