2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# F03000006398

Entity Name: HOMELAND PROTECTION INSTITUTE, LTD., INCORPORATED

Current Principal Place of Business:

13873 PARK CENTER ROAD, SUITE 500
HERNDON, VA 20171

New Principal Place of Business:

Current Mailing Address:

13873 PARK CENTER ROAD, SUITE 500
HERNDON, VA 20171

New Mailing Address:

FEI Number: 01-0735797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ARMSTRONG, DOUGLAS W
Address: 13873 PARK CENTER ROAD, SUITE 500
City-St-Zip: HERNDON, VA 20171

Title: D ( ) Delete
Name: CONNAUGHTON, SEAN
Address: 1 COUNTY COMPLES COURT
City-St-Zip: PRINCE WILLIAM, VA 22192

Title: D ( ) Delete
Name: BOCCHICHIO, ANTHONY
Address: 10771 HAWKS VISTA STREET
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: POWELL, DAVID
Address: 13873 PARK CENTER ROAD, SUITE 500
City-St-Zip: HERNDON, VA 20171

Title: D ( ) Delete
Name: SCHNEIDER, RICHARD
Address: 158 HARMON DRIVE
City-St-Zip: NORTHFIELD, VT 05663

Title: ST ( ) Delete
Name: KNODT, PATRICIA L
Address: 13873 PARK CENTER ROAD, SUITE 500
City-St-Zip: HERNDON, VA 20171

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CONNAUGHTON, SEAN
Address: 1 COUNTY COMPLEX COURT
City-St-Zip: PRINCE WILLIAM, VA 22192

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L KNODT ST 04/20/2006

Electronic Signature of Signing Officer or Director — Date