

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001322

FILED
Apr 26, 2006
Secretary of State

Entity Name: MANAGEMENT ANALYSIS, INCORPORATED

Current Principal Place of Business:

2070 CHAIN BRIDGE ROAD STE. 550
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

2070 CHAIN BRIDGE ROAD STE. 550
VIENNA, VA 22182

New Mailing Address:

FEI Number: 52-1103414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATIONG AND REGISTERED AGEN
122 WEST HILLCREST STREET
ALTAMONTE SPRINGS, FL 32714 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: SMITH, T. ARTHUR
Address: 471 OAK CIRCLE
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: D () Delete
Name: WIGGS, KEVIN D
Address: 1914 WILSON LANE #101
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: PECK, STEVE
Address: 12923 BRANDERMILL COURT
City-St-Zip: FAIRFAX, VA 22030

Title: S () Delete
Name: BARE, JOANNA M
Address: 8514 HAZELWOOD DRIVE
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARTHUR L. SMITH

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date