2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002313

Entity Name: CACI ENTERPRISE SOLUTIONS, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1100 N. GLI ARLINGTO	EBE RD N, VA 22201					
Current Mailing Address:			New Mailir	New Mailing Address:		
C/O TAX DEPT. 1100 N GLEBE RD ARLINGTON, VA 22201 US			1100 N GLEBE RD ARLINGTON, VA 22201 US			
FEI Number:	04-3786421	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1201 HAYS	TION SERVICE STREET SEE, FL 32301					
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		
		2)(b), F.S., the corporation did not re rust Fund Contribution ().	eceive the prior notice	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D LONDON, J P 1100 N. GLEBE R ARLINGTON, VA	RD.	Title: Name: Address: City-St-Zip:	D (X) LONDON, J P 1100 NORTH GI ARLINGTON, VA		
Title: Name: Address: City-St-Zip:	D () D PHILLIPS, WARR 2850 DAISY RD WOODBINE, MD	EN R	Title: Name: Address: City-St-Zip:	P (X) COFONI, PAUL 1100 NORTH GI ARLINGTON, VA	LEBE RD	
Title: Name: Address: City-St-Zip:	SV () D MONTICELLI, S. N 1100 N. GLEBE R ARLINGTON, VA	MARK LD	Title: Name: Address: City-St-Zip:	SVP (X) HANNA, CAROL 1100 NORTH GI ARLINGTON, VA	LEBE RD	
Title: Name: Address: City-St-Zip:	S () D MORSE, ARNOLE 1100 N. GLEBE R ARLINGTON, VA	D D D	Title: Name: Address: City-St-Zip:	S (X) MORSE, ARNOI 1100 NORTH GI ARLINGTON, VA	_EBE RD	
Title: Name: Address: City-St-Zip:	P () D COFONI, PAUL M 1100 N. GLEBE R ARLINGTON, VA	RD.	Title: Name: Address: City-St-Zip:	T (X) MUTRYN, THOM 1100 NORTH GI ARLINGTON, VA	_EBE RD	

I hereby certify that the information supplied with this filing does not qualify 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: CAROL P HANNA SVP 05/01/2007