2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F04000003180

Entity Name: CHENEGA TECHNOLOGY SERVICES CORPORATION

Current Principal Place of Business:

5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100
ALEXANDRIA, VA 22315

New Principal Place of Business:

Current Mailing Address:

5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100
ALEXANDRIA, VA 22315

New Mailing Address:

FEI Number: 92-0162413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON, JULIAN
3404 CYPRESS LANDING DRIVE
VALRICO, FL 33594 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:	D	( ) Delete
Name:	SELANOFF, NORMA	
Address:	4000 OLD SEWARD HIGHWAY, SUITE 101	
City-St-Zip:	ANCHORAGE, AK 99503	
Title:	D	( ) Delete
Name:	PIPKIN, PHYLLIS	
Address:	4000 OLD SEWARD HIGHWAY, SUITE 101	
City-St-Zip:	ANCHORAGE, AK 99503	
Title:	P	( ) Delete
Name:	BOWE, ROBERT	
Address:	5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100	
City-St-Zip:	ALEXANDRIA, VA 22315	
Title:	V	( ) Delete
Name:	OGDEN, KEN	
Address:	5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100	
City-St-Zip:	ALEXANDRIA, VA 22315	
Title:	S	( ) Delete
Name:	WILLIAMS, LESLIE	
Address:	4000 OLD SEWARD HIGHWAY, SUITE 101	
City-St-Zip:	ANCHORAGE, AK 99503	
Title:	T	( ) Delete
Name:	CRAFFEY, KAREN	
Address:	5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100	
City-St-Zip:	ALEXANDRIA, VA 22315	

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:	
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 Section 119.07(3)(i), 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: KAREN CRAFFEY T 04/28/2005

Electronic Signature of Signing Officer or Director Date