## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003180

Entity Name: CHENEGA TECHNOLOGY SERVICES CORPORATION

FILED Sep 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100 ALEXANDRIA, VA 22315				5911 KINGSTOWNE VILLAGE PARKWAY, SUITE 300 ALEXANDRIA, VA 22315			
Current Mailing Address:				New Mailing Address:			
5971 KINGSTOWNE VILLAGE PARKWAY, SUITE 100 ALEXANDRIA, VA 22315			5911 KINGSTOWNE VILLAGE PARKWAY, SUITE 300 ALEXANDRIA, VA 22315				
FEI Number:	FEI Number: 92-0162413 FEI Number Applied For() FEI Nu		FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: N					Address of N	lew Registered Agent:	
FERGUSON, JULIAN 3404 CYPRESS LANDING DRIVE VALRICO, FL 33594 US  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:							
		Signature of Registered Agent	t			Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SELANOFF, NOF	ARD HIGHWAY, SUITE 101		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	PIPKIN, PHYLLIS	ARD HIGHWAY, SUITE 101		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	BOWE, ROBERT	NE VILLAGE PARKWAY, SUITE 100		Title: Name: Address: City-St-Zip:	OGDEN, KEN	) Change ()Addition OWNE VILLAGE PARKWAY, SUITE 300 VA 22315	
Title: Name: Address: City-St-Zip:	OGDEN, KEN	Delete /NE VILLAGE PARKWAY, SUITE 100 A 22315		Title: Name: Address: City-St-Zip:	MCCANN, JOH	WNE VILLAGE PARKWAY, SUITE 300	
Title: Name: Address: City-St-Zip:	WILLIAMS, LESI	ARD HIGHWAY, SUITE 101		Title: Name: Address: City-St-Zip:	PETITT, VICKI	) Change ()Addition DWNE VILLAGE PARKWAY, SUITE 300 VA 22315	
Title: Name: Address: City-St-Zip:	CRAFFEY, KARE	NE VILLAGE PARKWAY, SUITE 100		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

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: VICKI PETITT T 09/06/2006