


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003472

1. Entity Name
EWA GOVERNMENT SYSTEMS, INC.



Principal Place of Business Mailing Address

**13873 PARK CENTER ROAD, FIFTH FLOOR
 HERNDON, VA 20171** **13873 PARK CENTER ROAD, FIFTH FLOOR
 HERNDON, VA 20171**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0464303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ARMSTRONG, DOUGLAS 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST LA FEVER, GEORGE 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTINE, TOM 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, GORDON 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINGS, JACK 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNALLY, BRIAN 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171

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 02/09/06-80031-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: George LaFever 1/6/06 703-904-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #