

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003472

FILED
Jul 05, 2007
Secretary of State

Entity Name: EWA GOVERNMENT SYSTEMS, INC.

Current Principal Place of Business:

13873 PARK CENTER ROAD, FIFTH FLOOR
HERNDON, VA 20171

New Principal Place of Business:

Current Mailing Address:

13873 PARK CENTER ROAD, FIFTH FLOOR
HERNDON, VA 20171

New Mailing Address:

FEI Number: 46-0464303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ARMSTRONG, DOUGLAS
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

Title: VCST () Delete
Name: LA FEVER, GEORGE
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: CONSTANTINE, TOM
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: SULLIVAN, GORDON
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: KRINGS, JACK
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

Title: D () Delete
Name: MCNALLY, BRIAN
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCST (X) Change () Addition
Name: FULLER, ROBERT T
Address: 13873 PARK CENTER ROAD, FIFTH FLOOR
City-St-Zip: HERNDON, VA 20171

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 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: STEVE N. LUXFORD

ATTN

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date