

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 009 ***158.75

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07032007 Chg-P CR2E034 (12/06)

DOCUMENT # F04000003472 1. Entity Name EWA GOVERNMENT SYSTEMS, INC.					
Principal Place of Business 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171			Mailing Address 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 46-0464303	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ARMSTRONG, DOUGLAS <input type="checkbox"/> Delete 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP FULLER, ROBERT T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Rd Suite#500 Herndon, VA 20171	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCST <input checked="" type="checkbox"/> Delete LA FEVER, GEORGE 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP Paul J. Schick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Road Suite#500 Herndon, VA 20171	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CONSTANTINE, TOM 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP Garrone, Ceasare J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Road Suite#500 Herndon, VA 20171	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SULLIVAN, GORDON 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP Williams, Thomas J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Road Suite#500 Herndon, VA 20171	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KRINGS, JACK 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP Blake, Frank W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Road Suite#500 Herndon, VA 20171	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCNALLY, BRIAN 13873 PARK CENTER ROAD, FIFTH FLOOR HERNDON, VA 20171		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP Bailer, Richard O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13873 Park Center Road Suite#500 Herndon, VA 20171	
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: <u>Cea J. An</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/13/07</u>		Daytime Phone # <u>703-704-7028</u>