

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90111 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

60002870



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1563371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAHILA, ARI
1600 S.E. 17TH STREET, CAUSEWAY, SUITE 403
FT. LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	GALLAGHER, WILLIAM R
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191

TITLE	VP V/T/D
NAME	GUIDA, F.A.
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191

TITLE	VD
NAME	MAITLAND, G.E.C.
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191

TITLE	VDS
NAME	HURST, MELISSA A
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

F.A. Guida

F.A. GUIDA

Jan 4 2007

703 716 1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone