

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000053

FILED
May 08, 2006
Secretary of State

Entity Name: SYSTEMS ENGINEERING ASSOCIATES CORPORATION

Current Principal Place of Business:

62 JOHNNYCAKE HILL ROAD
MIDDLETOWN, RI 02842

New Principal Place of Business:

62 JOHNNYCAKE HILL
MIDDLETOWN, RI 02842

Current Mailing Address:

62 JOHNNYCAKE HILL ROAD
MIDDLETOWN, RI 02842

New Mailing Address:

62 JOHNNYCAKE HILL
MIDDLETOWN, RI 02842

FEI Number: 05-0392482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DS () Delete
Name: GILLIAN, BRIAN W
Address: 62 JOHNNYCAKE HILL ROAD
City-St-Zip: MIDDLETOWN, RI 02842

Title: P () Delete
Name: MILLER, DAVID
Address: 62 JOHNNYCAKE HILL ROAD
City-St-Zip: MIDDLETOWN, RI 02842

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GILLIAN, BRIAN W
Address: 62 JOHNNYCAKE HILL
City-St-Zip: MIDDLETOWN, RI 02842

Title: PRES (X) Change () Addition
Name: MILLER, DAVID
Address: 62 JOHNNYCAKE HILL
City-St-Zip: MIDDLETOWN, RI 02842

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: KATHLEEN W. FINN

CON

05/08/2006

Electronic Signature of Signing Officer or Director

_____ Date