


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90113 003 \*\*\*150.00

<b>DOCUMENT # F05000000973</b> 1. Entity Name CAMBRIDGE PROPERTY ADVISORS, INC.	
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Principal Place of Business 560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170	Mailing Address 560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170
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**DO NOT WRITE IN THIS SPACE**

40015567



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1570878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CZEKAJ, ANDREW J 560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, T. MICHAEL 560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DAVIS, MICHAEL D 560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

**SIGNATURE:**  Andrew J. Czeka **2/7/07** 703-709-8866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #