


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90046 021 \*\*\*150.00

**DOCUMENT # F05000004630**

1. Entity Name  
**ERA SYSTEMS CORPORATION**




Principal Place of Business  
**5252 CHEROKEE AVE., STE 400  
 ALEXANDRIA, VA 22312**

Mailing Address  
**5252 CHEROKEE AVE., STE 400  
 ALEXANDRIA, VA 22312**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country Zip Country



04302007 Chg-P CR2E034 (12/06)

4. FEI Number  
**54-1596140** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLAIR, ROBERT P  
 28726 STORMCLOUD PASS  
 WESLEY CHAPEL, FL 33543**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PC SMITH, ALEXANDER E 5252 CHEROKEE AVE., S TE 400 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BALDWIN, JONATHAN C C 5252 CHEROKEE AVE., S TE 400 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEESE, CARTER 4750 OWINGS MILLS BLVD OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLEBERRY, GARLAND 3295 ROCKLAND RD FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, JONATHAN 5252 CHEROKEE AVENUE, STE 400 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERL, JONATHAN 4750 OWINGS MILLS BLVD OWINGS MILLS, MD 21117	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO ELLISON, DAVID 5252 CHEROKEE AVE., STE 400 ALEXANDRIA, VA 22312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO JOHN YOUNG 5252 CHEROKEE AVE., STE 400 ALEXANDRIA, VA 22312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John D. Young Date: 30 Apr 07 Davtime Phone #: 7039141430