2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005026

Entity Name: FACILITY ENGINEERING ASSOCIATES, P.C.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
11001 LEE FAIRFAX, \	HIGHWAY, SI /A 22030	JITE D			
Current Mailing Address:			New Maili	New Mailing Address:	
11001 LEE HIGHWAY, SUITE D FAIRFAX, VA 22030					
FEI Number:	54-1646671	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () HODGES, CHRI 3715 MOUNTAII HAYMARKET, V	N ROAD	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition HODGES, CHRISTOPHER P 5208 DIXONS MILL RD MARSHALL, VA 20115	
Title: Name: Address: City-St-Zip:	WHITTAKER, JA	CENTER HUNT TRAIL	Title: Name: Address: City-St-Zip:	P (X) Change () Addition WHITTAKER, JAMES P 5021 WHISPER WILLOW DR FAIRFAX, VA 22030	
Title: Name: Address: City-St-Zip:	V () SMALL, WILLIA 7175 CRAY DR. WARRENTON, V		Title: Name: Address: City-St-Zip:	V (X) Change () Addition SMALL, WILLIAM W IV 205 E WISE CT PURCELLVILLE, VA 20132	
Title: Name: Address: City-St-Zip:	ST () O'BRIEN, KEVIN 15019 DANUBE HAYMARKET, V	WAY	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition O'BRIEN, KEVIN A 4175 CRAY DR WARRENTON, VA 20187	
Title: Name: Address: City-St-Zip:	SWANSON, PAU 12915 BOOTH F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LARSON, THOM 20985 NIGHTSH ASHBURN, VA	HADE PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN A. O'BRIEN ST 04/30/2007