


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # F05000005215 1. Entity Name GOVERNMENT RETIREMENT & BENEFITS INCORPORATED	
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Principal Place of Business 330 JOHN CARLYLE STREET, SUITE 100 ALEXANDRIA, VA 22314	Mailing Address 330 JOHN CARLYLE STREET, SUITE 100 ALEXANDRIA, VA 22314
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1379458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -

**LYNN, PETER SR
526 LAGUNA ROYALE BLVD. UNIT 303
NAPLES, FL 34119**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, PETER SR 526 LAGUNA ROYALE BLVD. UNIT 303 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNN, PETER JR 5007 DODSON DR ANNANDALE, VA 22003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN, MICHAEL 3211 NORTH 1ST STREET ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/12/07-80003-003 150.00

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:  **PETER R. LYNN, JR.** 2/26/07 703 461-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #