2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-07-2008 90040 008 ***150.00

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1. Entity Name
GOVERNMENT RETIREMENT & BENEFITS INCORPORATED

Principal Place of Business	Mailing Address
330 JOHN CARLYLE STREET, SUITE 100 ALEXANDRIA, VA 22314	330 JOHN CARLYLE STREET, SUITE 100 ALEXANDRIA, VA 22314

DO NOT WRITE IN THIS SPACE

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-1379458
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ 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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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: _____ 3/25/08 703 461 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #