

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005215

FILED
Mar 31, 2011
Secretary of State

Entity Name: GOVERNMENT RETIREMENT & BENEFITS INCORPORATED

Current Principal Place of Business:

330 JOHN CARLYLE STREET, SUITE 100
ALEXANDRIA, VA 22314

New Principal Place of Business:

330 JOHN CARLYLE STREET, SUITE 600
ALEXANDRIA, VA 22314

Current Mailing Address:

330 JOHN CARLYLE STREET, SUITE 100
ALEXANDRIA, VA 22314

New Mailing Address:

330 JOHN CARLYLE STREET, SUITE 600
ALEXANDRIA, VA 22314

FEI Number: 54-1379458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: LYNN, PETER SR
Address: 526 LAGUNA ROYALE BLVD. UNIT 303
City-St-Zip: NAPLES, FL 34119

Title: COO
Name: LYNN, PETER JR
Address: 5007 DODSON DR
City-St-Zip: ANNANDALE, VA 22003

Title: T
Name: LYNN, MICHAEL
Address: 3211 NORTH 1ST STREET
City-St-Zip: ARLINGTON, VA 22201

I hereby 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 all other like empowered.

SIGNATURE: PETER LYNN, JR.

COO

03/31/2011

Electronic Signature of Signing Officer or Director

Date