2006 FOR PROFIT CORPORATION

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS: CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # F05000006150 CAMPAIGN SERVICES, INC. Principal Place of Business _Mailing Address 118 NORTH SAINT ASAPH STREET 118 NORTH SAINT ASAPH STREET ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314 No Chg-P CR2E034 (11/05) 03082006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-1879283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMER, MICHAEL DO NOT WRITE 6860 SAN MARINO SR. #402 NAPLES, FL 34108 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3-21-06 DATE (NOTE_Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DONATELLI, R. REBECCA STREET ADDRESS 831 HERBERT SPRINGS RDSTREET CITY-ST- DP ALEXANDRIA, VA 22308 TITLE NAME LISA STOLTENBERG MCGREEVY STREET ADDRESS 1015 18TH STREET, NW SUITE 1100 CITY-ST-ZIP WASHINGTON, DC 20036 TITLE DONATELLI, FRANK J NAME STREET ADDRESS 831 HERBERT SPRINGS RD DO NOT WRITE CITY-ST-ZIP ALEXANDRIA, VA 22308 IN THIS SPACE TITLE

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: _	OR Riberca	Sometell:	3-21-06	7036843435
_	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Date	Dautimo Phone K