

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007601

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: AHTNA GOVERNMENT SERVICES CORPORATION

## Current Principal Place of Business:

3680 INDUSTRIAL BLVD 600H  
W SACRAMENTO, CA 95691

## New Principal Place of Business:

## Current Mailing Address:

3680 INDUSTRIAL BLVD 600H  
W SACRAMENTO, CA 95691

## New Mailing Address:

FEI Number: 92-0168272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: JOHNS, KEN  
Address: 406 FIREWEED LN #204 600H  
City-St-Zip: ANCHORAGE, AK 99503

Title: VC ( ) Delete  
Name: CARLSON, CALVIN  
Address: 406 FIREWEED LN #204 600H  
City-St-Zip: ANCHORAGE, AK 99503

Title: D ( ) Delete  
Name: MARSHALL, ELMER  
Address: 406 FIREWEED LN #204  
City-St-Zip: ANCHORAGE, AK 99503

Title: P ( ) Delete  
Name: SMITH, CHRISTOPHER R  
Address: 3680 INDUSTRIAL BLVD 600H  
City-St-Zip: W SACRAMENTO, CA 95691

Title: V ( ) Delete  
Name: PHARES, ROY  
Address: 3680 INDUSTRIAL BLVD 600H  
City-St-Zip: W SACRAMENTO, CA 95691

Title: VS ( ) Delete  
Name: EDMONDSON, LAURA  
Address: 4341 B ST #403  
City-St-Zip: ANCHORAGE, AK 99503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: JOHNS, KEN  
Address: 406 FIREWEED LN #204  
City-St-Zip: ANCHORAGE, AK 99503

Title: VC (X) Change ( ) Addition  
Name: CARLSON, CALVIN  
Address: 406 FIREWEED LN #204  
City-St-Zip: ANCHORAGE, AK 99503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROY PHARES

V

01/10/2007

Electronic Signature of Signing Officer or Director

Date