## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007601

Entity Name: AHTNA GOVERNMENT SERVICES CORPORATION

FILED Feb 13, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
	JSTRIAL BLVE MENTO, CA						
Current Mailing Address:			New Mailing Address:				
	JSTRIAL BLVE MENTO, CA						
FEI Number:	: 92-0168272	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered	office or registered agent, or bo	oth,	
SIGNATUR							
	Electron	nic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C ( JOHNS, KEN 406 FIREWEE ANCHORAGE,		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VC (X CARLSON, CA 406 FIREWEE ANCHORAGE,	D LN #204	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( MARSHALL, EI 406 FIREWEE ANCHORAGE,	D LN #204	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	SMITH, CHRIS	IAL BLVD 600H	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PHARES, ROY	IAL BLVD 600H	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VS ( EDMONDSON, 4341 B ST #40 ANCHORAGE,	3	Title: Name: Address: City-St-Zip:	FEHRENBACI 3680 INDUST	X) Change()Addition H, DAVID RIAL BLVD #600H AMENTO, CA 95691		
l horoby on				نام مصر مرد مرا المرا	an stated in Chapter 110. Florid	J.	

I hereby certify that the information supplied with this filing does not qualify 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 VP 02/13/2008