

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90418 039 ***150.00

DOCUMENT # F94000001287

1. Entity Name
INTEGRATED SYSTEMS ANALYSTS, INC.



Principal Place of Business
**2800 SHIRLINGTON ROAD
SUITE 1100
ARLINGTON, VA 22206**

Mailing Address
**2800 SHIRLINGTON ROAD
SUITE 1100
ARLINGTON, VA 22206**

000113130



2. Principal Place of Business

3. Mailing Address **2001 N. BEAUREGARD ST.**

ISA, INFORMATION SYSTEMS ANALYSTS, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

03242006

Chg-P

CR2E034 (11/05)

City & State
ALEXANDRIA, VIRGINIA

City & State
ALEXANDRIA, VIRGINIA

4. FEI Number
54-1156422

Applied For
☐ Not Applicable

Zip
22311

Country
USA

Zip
22311

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

Name
CORPORATE CREATIONS NETWORK, INC.
Street Address (P.O. Box Number is Not Acceptable)

11380 PROSPERITY FARMS ROAD, SUITE 221E
City **PALM BEACH GARDENS** **FL** Zip Code **33410**

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

Elena S. Davila

Elena S. Davila, Vice President

4.12.06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

\$150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOODEN, C. MICHAEL**
STREET ADDRESS **2800 SHIRLINGTON ROAD, STE. 1100**
CITY-ST-ZIP **ARLINGTON, VA 22206**

TITLE **DIRECTOR/CEO** ☒ Change ☐ Addition
NAME **C. MICHAEL GOODEN**
STREET ADDRESS **2001 N BEAUREGARD ST, STE 600**
CITY-ST-ZIP **ALEXANDRIA, VA 22311**

TITLE **P** ☐ Delete
NAME **SHARP, EDWARD**
STREET ADDRESS **2800 SHIRLINGTON ROAD, STE. 1100**
CITY-ST-ZIP **ARLINGTON, VA 22206**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **EDWARD G. SHARP**
STREET ADDRESS **2001 N BEAUREGARD ST, STE 600**
CITY-ST-ZIP **ALEXANDRIA, VA 22311**

TITLE **S** ☐ Delete
NAME **ANDERSON, MARY**
STREET ADDRESS **2800 SHIRLINGTON RD, 1100**
CITY-ST-ZIP **ARLINGTON, VA 22206**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **MARY H. ANDERSON**
STREET ADDRESS **2001 N BEAUREGARD ST, STE 600**
CITY-ST-ZIP **ALEXANDRIA, VA 22311**

TITLE **T** ☒ Delete
NAME **BROWN-OFFUTT, CRISTINE**
STREET ADDRESS **2800 SHIRLINGTON RD, 1100**
CITY-ST-ZIP **ARLINGTON, VA 22206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: MARY H. ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

(703) 824-0700

Daytime Phone #