

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003249

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: E A TECHNICAL SERVICES, INC.

## Current Principal Place of Business:

1220 OLD ALPHARETTA ROAD  
STE 390  
ALPHARETTA, GA 30005

## New Principal Place of Business:

## Current Mailing Address:

1220 OLD ALPHARETTA ROAD  
STE 390  
ALPHARETTA, GA 30005

## New Mailing Address:

FEI Number: 58-1968340

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: DP ( ) Delete  
Name: WILSON, DOUGLAS H  
Address: 3951 CENTRE COURT  
City-St-Zip: NORCROSS, GA 30092

Title: VSTD ( ) Delete  
Name: HARTER, THOMAS C  
Address: 454 SUMMIT OVERLOOK DRIVE  
City-St-Zip: DAWSONVILLE, GA 30534

Title: D ( ) Delete  
Name: RAY, CARL S  
Address: 113 BEAUFORT CIRCLE  
City-St-Zip: MADISON, MS 39110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WILSON, DOUGLAS H  
Address: 9395 RIVERCLUB PARKWAY  
City-St-Zip: DULUTH, GA 30097

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: DOUGLAS H. WILSON

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date