

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 005 ***150.00

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1. Entity Name
DYNMERIDIAN CORPORATION



Principal Place of Business
**2000 EDMUND HALLEY DRIVE
RESTON, VA 20191-3436 US**

Mailing Address
**2100 E. GRAND AVENUE
EL SEGUNDO, CA 90245**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1566721	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURTNEY, WILLIAM 6101 STEVENSON AVE ALEXANDRIA, VA 22304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEANE, MICHAEL E 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FISK, HAYWARD D 2100 EAST HRAND AVE. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FLYNN, TIMOTHY R 2100 E GRAND AVE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRVIN, THOMAS R 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Timothy R. Flynn** **04/25/07** **310.615.0311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #