

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 12, 2007
Secretary of State**

DOCUMENT# F96000000410

Entity Name: WFI GOVERNMENT SERVICES, INC.

Current Principal Place of Business:

4810 EASTGATE MALL
BRIDGE POINT CORP CENTRE
SAN DIEGO, CA 92121 US

New Principal Place of Business:

Current Mailing Address:

4810 EASTGATE MALL
BRIDGE POINT CORP CENTRE
SAN DIEGO, CA 92121 US

New Mailing Address:

FEI Number: 33-0431023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO () Delete
Name: DEMARCO, ERIC
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

Title: SEC () Delete
Name: LARSON, ADAM
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

Title: CFO () Delete
Name: LUND, DEANNA
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

Title: DIR () Delete
Name: EDWARDS, JAMES
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

Title: PRES () Delete
Name: MICKLE, D. ROBIN
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: SECR () Change (X) Addition
Name: LARSON, ADAM
Address: 4810 EASTGATE MALL
City-St-Zip: SAN DIEGO, CA 92121

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: MARISSA BOSQUE

ADMI

02/12/2007

Electronic Signature of Signing Officer or Director

Date