

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001120

Entity Name: FULLER & D'ALBERT, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

3170 CAMPBELL DRIVE
FAIRFAX, VA 220310706

New Principal Place of Business:

Current Mailing Address:

3170 CAMPBELL DRIVE
PO BOX 2706
FAIRFAX, VA 220310706

New Mailing Address:

FEI Number: 53-0070960 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: CP () Delete
Name: HUZARD, JOHN
Address: 10630 TIMBERIDGE ROAD
City-St-Zip: FAIRFAX STATION, VA 22039

Title: D () Delete
Name: HUZARD, CAROLYN
Address: 10630 TIMBERIDGE RD
City-St-Zip: FAIRFAX STATION, VA 22039

Title: V () Delete
Name: MORGAN, JEFF
Address: 815 WHITCOMB ISLAND ROAD
City-St-Zip: HYDE PARK, VT 05655

Title: STD () Delete
Name: TEGETHOFF, JOHN
Address: 6647 ROCKLAND DRIVE
City-St-Zip: CLIFTON, VA 20124

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:

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: JOHN TEGETHOFF

S/T

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date