## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2007 8:00 am Secretary of State

| 1. Entity Nam   | MENT # F97000038  |  |   |   | 03-05-200                  | 07 90040 019 ***   | *61.25                                     |
|---|---|--|---|---|----------------------------|--|--|
| 1660 L STREET, NW, STE. 700 166   |   | Mailing Address<br>1660 L STREET, NW, STE<br>WASHINGTON, DC 20036  | 660 L STREET, NW, STE. 700  |   | E 18111 18811 88111 8872 8 | B)))   |  |
| 2. Principal P  | tace of Business - No P.O. Box #  | 3. Mailing Address   |   |   |                            |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   | 02072007  | Chg-NP                     | CR2E037 (12/06   | )  |
| City & State  |   | City & State   |   | 4. FEI Numb<br>13-164                                   |                            | <del> -</del>  | Applied For<br>Not Applicable              |
| Zip   | Country   | Zip  | Country   | 5. Certificate  | of Status Desired          | □ \$8.75 A<br>Fee Requi  |  |
|   | 6. Name and Address of Current Re   | gistered Agent   |   | 7. Name and   | Address of New             | Registered Agent   |  |
|   | VICES, INC.<br>CUTIVE PARK DRIVE  |  |   | Name Street Address (P.O. Box Number is Not Acceptable) |                            |  |  |
| WESTON,   | FE 33331  |  | City  |   |                            | FL Zip Co  | ode  |
|   | named entity submits this statement for thions of registered agent.   | e purpose of changing its re   | egistered office o  | registered agent, or bo                                 | oth, in the State of F     | Florida. I am familiar wil   | h, and accept                              |
| SIGNATURE .   | Signature, typed or printed name of registered agent and  | in it and in the state of the s |   |   |                            |  |  |
|   |   | ine ii applicable. (NOTE: I  | Registered Agent signat   | ure required when reinstating)                          |                            | DATE   |  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2007   | 9. Election Camp<br>Trust Fund Co  | paign Financing   | \$5.00 May I<br>Added to Fees                           |                            | Make check payable prida Department of   |  |
| 10.   | Filing Fee is \$61.25   | 9. Election Camp<br>Trust Fund Co  | paign Financing   | \$5.00 May I<br>Added to Fees                           | Fic                        | Make check payable   | State                                      |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT CEO BENNETT, STEPHEN 1660 L STREET, NW, STE. 700  | 9. Election Camp<br>Trust Fund Co  | paign Financing<br>ontribution.   | \$5.00 May I<br>Added to Fees                           | Fic                        | Make check payable<br>orida Department of                                      | State<br>IN 10                             |
| TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECTED  CEO BENNETT, STEPHEN   | 9. Election Camp<br>Trust Fund Co  | paign Financing ontribution.  11.  THLE  NAME  STREEL ADDRESS   | \$5.00 May I<br>Added to Fees                           | IANGES TO OFFIC            | Make check payable<br>orida Department of<br>ERS AND DIRECTORS                 | State IN 10  Addition                      |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT CEO BENNETT, STEPHEN 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036 D EATON, NINA 1660 L STREET NW STE 700  | 9. Election Camp<br>Trust Fund Co  | paign Financing ontribution.  11.  THE  NAME  STREEL ADDRESS  CITY-SI-ZIP  THLE  NAME  STREEL ADDRESS   | \$5.00 May Induction Added to Fees  ADDITIONS/CH        | IANGES TO OFFIC            | Make check payable orida Department of ERS AND DIRECTORS                       | State IN 10  Addition  Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT CEO BENNETT, STEPHEN 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036 D EATON, NINA 1660 L STREET NW STE 700 WASHINGTON, DC 20036 PPD STEARNS, JAMES C 1660 L STREET, NW, STE. 700  | 9. Election Camp Trust Fund Co  CTORS  Delete  | paign Financing ontribution.  11.  IIILE NAME STREET ADDRESS GITY-ST-ZIP  TITLE NAME STREET ADDRESS GITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS   | \$5.00 May Induction Added to Fees  ADDITIONS/CH        | IANGES TO OFFIC            | Make check payable orida Department of ERS AND DIRECTORS  Chang                | State IN 10 Addition  Addition  Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT CEO BENNETT, STEPHEN 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036 D EATON, NINA 1660 L STREET NW STE 700 WASHINGTON, DC 20036 PPD STEARNS, JAMES C 1660 L STREET, NW, STE. 700 WASHINGTON, DC 20036 E EATON, NINA 8 HAZEL PLACE | 9. Election Camp Trust Fund Co  CTORS  Delete  Delete  | paign Financing ontribution.  11.  THLE NAME STREEI ADDRESS CITY-SI-ZIP  THLE NAME STREEI ADDRESS CITY-SI-ZIP  THLE NAME STREET ADDRESS CITY-SI-ZIP  THLE NAME STREET ADDRESS CITY-SI-ZIP  THLE NAME STREET ADDRESS | \$5.00 May Induction Added to Fees  ADDITIONS/CH        | Fite Suite 600, East To    | Make check payable orida Department of ERS AND DIRECTORS  Change Change Change | State  IN 10  Addition  Addition  Addition |

indicated on this report or supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Former 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 617, 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/13/07

202-973-710-3

Daytime Phone #