

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90019 007 \*\*\*150.00

DOCUMENT # F98000005186  
 1. Entity Name  
 ENGINEERING SUPPORT PERSONNEL, INC.



Principal Place of Business      Mailing Address  
 3361 ROUSE RD      3361 ROUSE RD  
 STE 165      STE 165  
 ORLANDO, FL 32817      ORLANDO, FL 32817 US

**DO NOT WRITE IN THIS SPACE**

400000  
  
 01042008    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
 91-1504007      Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RUSSELL, JOHN  
 3361 ROUSE RD  
 STE 165  
 ORLANDO, FL 32817

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	RUSSELL, JOHN
STREET ADDRESS	3361 ROUSE RD STE 165
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VP
NAME	MCCABE, GEORGE L JR
STREET ADDRESS	1248 30TH ST NW
CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	VP
NAME	RICKERSTEN, CARL J
STREET ADDRESS	1655 AVON PL NW
CITY-ST-ZIP	WASHINGTON, DC 20007
TITLE	S
NAME	ROBERTS, TERRI A
STREET ADDRESS	3361 ROUSE RD #165
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	treasurer
NAME	Michael Bieder
STREET ADDRESS	3361 Rouse RD. #165
CITY-ST-ZIP	Orlando, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:      Date: 1/21/07      Daytime Phone #: 407-206-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR