


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001327 1. Entity Name P E SYSTEMS, INC.	
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Principal Place of Business 10201 LEE HIGHWAY STE 400 FAIRFAX, VA 22030	Mailing Address 10201 LEE HIGHWAY STE 400 FAIRFAX, VA 22030
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-0891458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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7. 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD KING, WESLEY A 8907 MOUNTAIN ASHE DRIVE SPRINGFIELD, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, PAMELA C 14523 MEETING CAMP ROAD CENTREVILLE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLERAN, PETE 4023 LAKE GLEN DRIVE FAIRFAX, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000271271 03/21/05-80042-012 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pamela C. Johnson **Pamela C. Johnson, CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/14/05 723246-9660
Date Daytime Phone #