


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 001 ***150.00

DOCUMENT # G03833 1. Entity Name SPECTRUM SCIENCES & SOFTWARE, INC.					
Principal Place of Business 91 HILL AVE FORT WALTON BEACH, FL 32548 US			Mailing Address SPECTRUM SCIENCES & SOFTWARE HOLDINGS CORP 3130 FAIRVIEW PARK DR., STE. 400 FALLS CHURCH, VA 22042 US		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 2677 Prosperity Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 300			
City & State 		City & State Fairfax, VA			
Zip 	Country 	Zip 22031	Country USA		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HORNE, DARRYL <input type="checkbox"/> Delete 3130 FAIRVIEW PARK DRIVE, SUITE 400 FALLS CHURCH, VA 22042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HORNE, DARRYL 2677 PROSPERITY AVE, SUITE 300 FAIRFAX, VA 22031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MEGLESS, MICHAEL 2677 PROSPERITY AVE, SUITE 300 FAIRFAX, VA 22031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHANNON, PAIGE 2677 PROSPERITY AVE, SUITE 300 FAIRFAX, VA 22031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Paige Shannon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/07</u> (703) 641-1100 <small>Daytime Phone #</small>		