JAN. 4.2006 1:49AM CORPORATIONS

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Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90260 022 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01398

20001329

1. Entity Name
GREENHORNE & O'MARA, INC.

Principal Place of Business	Mailing Address
~~9001 EDMONSTON ROAD~~ ~~GREENBELT, MD 20770~~	~~9001 EDMONSTON ROAD~~ ~~GREENBELT, MD 20770~~

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6110 FROST PLACE Suite, Apt. #, etc.	6110 FROST PLACE Suite, Apt. #, etc.
City & State: LAUREL MD	City & State: LAUREL MD
Zip: 20707 Country: USA	Zip: 20707 Country: USA

4. FEI Number: 52-0818093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PCD HEALEY, JOHN J ~~9001 EDMONSTON ROAD~~ ~~GREENBELT, MD 20770~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 6110 FROST PLACE LAUREL MD 20707	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEVITT, GERALD S ~~9001 EDMONSTON ROAD~~ ~~GREENBELT, MD 20770~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 6110 FROST PLACE LAUREL MD 20707	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEDELL, RICHARD S ~~9001 EDMONSTON RD~~ ~~GREENBELT, MD 20770~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition 6110 FROST PLACE LAUREL MD 20707	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADLER, JOHN 3223 COMMERCE PLACE, SUITE 100 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: R L Bedell 1/4/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #