


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01860 1. Entity Name PLANNING SYSTEMS INCORPORATED	
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Principal Place of Business 12030 SUNRISE VALLEY DR 400 RESTON, VA 20191	Mailing Address 12030 SUNRISE VALLEY DR 400 RESTON, VA 20191
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DO NOT WRITE IN THIS SPACE



06132005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0959900	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANAS, MR PAUL 102 LEFLEUR DRIVE SLIDELL, LA 70460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, MR RICHARD 1110 JANNEY STREET SW LEESBURG, VA 20175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNER, HOWARD 6521 KENHILL ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LOUIS M 4801 MAURY LANE ALEXANDRIA, VA 22304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANN, GERALD A 11021 MARCLIFF ROAD ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POEO FREIDMAN, ALAN J 10905 HUNTER STATION RD. VIENNA, VA 22181

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06/30/05-80001-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 15 2005

Date

Daytime Phone #

Richard L. Jackson, Secretary/Treasurer