

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90042 037 ***150.00

DOCUMENT # P03000067615 1. Entity Name V.P. MANAGER, INC.					
Principal Place of Business 11140 ROCKVILLE PIKE SUITE 620 ROCKVILLE, MD 20852			Mailing Address 11140 ROCKVILLE PIKE SUITE 620 ROCKVILLE, MD 20852		
2. Principal Place of Business 11200 ROCKVILLE PIKE		3. Mailing Address 11200 ROCKVILLE PIKE			
Suite, Apt. #, etc. SUITE 502		Suite, Apt. #, etc. SUITE 502			
City & State ROCKVILLE, MD		City & State ROCKVILLE, MD			
Zip 20852		Zip 20852			
Country USA		Country USA		4. FEI Number 05-0573614	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DC BRESLER, CHARLES 11140 ROCKVILLE PIKE #620 ROCKVILLE, MD 20852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11200 ROCKVILLE PIKE, SUITE 502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BRESLER, SIDNEY M 11140 ROCKVILLE PIKE #620 ROCKVILLE, MD 20852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/CEO/P 11200 ROCKVILLE PIKE, SUITE 502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGERNAN, DEBBI B 27140 GUM SPRINGS ROAD CHANTILLY, VA 20152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANGELMAN, DEBBIE BOWERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAFARDI, JEAN S 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11200 ROCKVILLE PIKE, SUITE 502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDEISTEIN, DARRYL M 11140 ROCKVILLE PIKE, SUITE 620 ROCKVILLE, MD 20852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COO/VP/T 11200 ROCKVILLE PIKE, SUITE 502	
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: <i>Jean S. Cafardi</i> JEAN S. CAFARDI		Date 1-24-06		Daytime Phone # 301-945-4300	