2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034976

Entity Name: AGILEX TECHNOLOGIES, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8815 CONROY WINDERMERE RD BOX 343 ORLANDO, FL 32835				5155 PARKSTONE DRIVE CHANTILLY, VA 20151 US		
Current Mailing Address:				New Mailing Address:		
8815 CONROY WINDERMERE RD BOX 343 ORLANDO, FL 32835				5155 PARKSTONE DRIVE CHANTILLY, VA 20151		
FEI Number:	20-5967657	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:
TAMPA, FL	DY SCOUT BL' _ 33607 US					
	named entity s of Florida.	submits this statement for the pu	rpose o	of changing it	ts registered c	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agen	ıt			Date
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LAROSE, ROBE 8815 CONROY ORLANDO, FL	WINDERMERE RD BOX 343		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LAROSE, ROB 8815 CONROY ORLANDO, FL	WINDERMERE RD BOX 343 32835 US Change (X) Addition AY H DNE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CTO (HOECHST, TIM 5155 PARKSTO CHANTILLY, V	ONE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (GUERIN, CARC 5155 PARKSTO CHANTILLY, V	ONE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (HARLLEE, JOH 5155 PARKSTO CHANTILLY, V	ONE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (VIRTUE, CHAR 5155 PARKSTO CHANTILLY, V	ONE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE S GUERIN VP 04/21/2008