

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P16127

1. Entity Name
THE REINFORCED EARTH COMPANY



Principal Place of Business 8614 WESTWOOD CENTER DR. SUITE 1100 VIENNA, VA 22182-2233	Mailing Address 8614 WESTWOOD CENTER DR STE 1100 VIENNA, VA 22182
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03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0915467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLOOMFIELD, ROGER 8614 WESTWOOD CENTER DR VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SIWAK, PABLO 8614 WESTWOOD CENTER DR., STE 1100 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMFIELD, ROGER 8614 WESTWOOD CENTER DR., STE. 1100 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPETY, BRUNO 1 BIS RUE DU PETIT CLAMART VELIZY VILLACOUBLAY CEDEX, FR 78148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, PIERRE 8614 WESTWOOD CENTER DR., STE. 1100 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MILLET, FRANCOIS 8614 WESTWOOD CENTER DR., STE 1100 VIENNA, VA 22182

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04/18/05-80098-014 158.75

**DO NOT WRITE
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:  **FRANCOIS MILLET** **4/11/05** **703-821-1175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #