

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 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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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0915467	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000598145  
 01/24/07-80065-009 158.75

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	CFO BOILLOT, VINCENT 8614 WESTWOOD CENTER DR., STE 1100 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Robert Serenzy 1/16/07 703 801 1175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #