

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90386 031 \*\*\*150.00

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03292006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P27595</b> 1. Entity Name PROJECT INTEGRATION, INC.					
Principal Place of Business 4940 CAMPBELL BLVD., STE 100 BALTIMORE, MD 21236-5910			Mailing Address 4940 CAMPBELL BLVD., STE 100 BALTIMORE, MD 21236-5910		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0162195	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRESSLER, DALE E. 431 FOX CATCHER ROAD BEL AIR, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRESSLER, DALE E. 510 CROSS STREET COCOA, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNDEEN, KENNETH C 8427 PULASKI HIGHWAY BALTIMORE, MD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNDEEN, KENNETH C. 4940 CAMPBELL BOULEVARD, SUITE 100 BALTIMORE, MARYLAND 21236-5910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAUCH, CHRISTOPHER J 1848 CHURCH RD DUNDALK, MD 21222		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAUCH, CHRISTOPHER J. 4940 CAMPBELL BOULEVARD, SUITE 100 BALTIMORE, MARYLAND 21236-5910	
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	
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	
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.					
<b>SIGNATURE:</b> <b>CHRISTOPHER J. STRAUCH, SECRETARY-TREASURER</b> 03/29/06 410-931-9595					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					