


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90033 026 \*\*\*150.00

<b>DOCUMENT # P96000049737</b> 1. Entity Name <b>SAI ENGINEERING INCORPORATED MECHANICAL AND ELECTRICAL GROUP</b>					
Principal Place of Business <b>ATTN: MARIA PASLICK</b> <b>13662 OFFICE PLACE SUITE 101</b> <b>WOODBIDGE, VA 22192-4217</b>			Mailing Address <b>ATTN: MARIA PASLICK</b> <b>13662 OFFICE PLACE SUITE 101</b> <b>WOODBIDGE, VA 22192-4217</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STROLLO, J P</b> <b>68 S IVANHOE BLVD</b> <b>ORLANDO, FL 32804-6441</b>				Name <i>Strollo, J. P.</i> Street Address (P.O. Box Number is Not Acceptable) <i>731 Franklin Lane</i> City <i>Orlando</i>	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <i>N/A</i>				4. FEI Number <b>59-3386683</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASLICK, MAURY R		NAME		
STREET ADDRESS	15437 BEACHVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	MONTCLAIR, VA 22026		CITY-ST-ZIP	22025	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZITO, DANIEL L		NAME		
STREET ADDRESS	12703 TORRINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	LAKE RIDGE, VA 22192		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROLLO, J. PAT		NAME		
STREET ADDRESS	777 FRENCH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASLICK, MARIA J		NAME		
STREET ADDRESS	15437 BEACHVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTCLAIR, VA 22026		CITY-ST-ZIP	22025	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Maria J. Paslick* Secretary (703) 590-8200