

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857636

FILED
Jan 29, 2007
Secretary of State

Entity Name: HALIFAX ENGINEERING, INC.

Current Principal Place of Business:

5250 CHEROKEE AVE.
ALEXANDRIA, VA 223122052

New Principal Place of Business:

Current Mailing Address:

5250 CHEROKEE AVE.
ALEXANDRIA, VA 223122052

New Mailing Address:

FEI Number: 54-0829246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MCNEW, CHARLES L
Address: 5250 CHEROKEE AVE
City-St-Zip: ALEXANDRIA, VA 22312

Title: SD () Delete
Name: RUFFNER, ERNEST L.,
Address: 2346 S. NASH ST.
City-St-Zip: ARLINGTON, VA

Title: VPFC () Delete
Name: SCIACCA, JOSEPH
Address: 5250 CHEROKEE AVE
City-St-Zip: ALEXANDRIA, VA 22312

Title: D () Delete
Name: GROVER, JOHN, H,
Address: 2339 49TH ST NW
City-St-Zip: WASHINGTON DC,

Title: D () Delete
Name: HEWITT, THOMAS L.,
Address: 5250 CHEROKEE AVENUE
City-St-Zip: ALEXANDRIA, VA 22312

Title: D () Delete
Name: TOUPS, JOHN M.,
Address: 5250 CHEROKEE AVENUE
City-St-Zip: ALEXANDRIA, VA 22312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH SCIACCA

VP&C

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date