

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90076 007 \*\*\*150.00



<b>DOCUMENT # F0100002410</b>				1. Entity Name <b>ECLAT CONSULTING, INC.</b>	
Principal Place of Business 10780 PARKRIDGE BLVD. STE. 75 RESTON, VA 20191		Mailing Address 10780 PARKRIDGE BLVD. STE. 75 RESTON, VA 20191			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2025300</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UREKSOY, MELISSA 6125 36TH LANE EAST BRADENTON, FL 34203			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BABBITT, J. RANDOLPH	NAME			
STREET ADDRESS	1923 LAKEPORT WAY	STREET ADDRESS			
CITY-ST-ZIP	RESTON, VA 20191	CITY-ST-ZIP			
TITLE	PM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWELBAR, WILLIAM S	NAME			
STREET ADDRESS	20385 COTTSWOLD TERRACE	STREET ADDRESS			
CITY-ST-ZIP	PUTOMAC FALLS, VA 20165	CITY-ST-ZIP			
TITLE	TM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STALNAKER, THOMAS E	NAME			
STREET ADDRESS	4039 VON NEUMAN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WARRENTON, VA 20187	CITY-ST-ZIP			
TITLE	SM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAZEL, ROBERT A	NAME			
STREET ADDRESS	1522 N BUCHANAN ST.	STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, VA 22205	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			
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: <u>J. Randolph Babbitt</u>		J. Randolph Babbitt		3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				703.773.3100	



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