
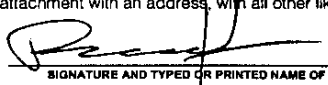


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90084 041 \*\*\*158.75

<b>DOCUMENT # F04000001577</b> 1. Entity Name <b>ADVANCED MANAGEMENT TECHNOLOGY, INC.</b>					
Principal Place of Business <b>1515 WILSON BLVD., STE. 1100</b> <b>ARLINGTON, VA 22209</b>			Mailing Address <b>3475 E. FOOTHILL BLVD</b> <b>PASADENA, CA 91107</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>54-1554855</b>	
				Applied For <input type="checkbox"/> 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  <b>CT CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; margin-right: 20px;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALWAR, ANITA M	NAME			
STREET ADDRESS	1515 WILSON BLVD., STE. 1100	STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, VA 22209	CITY-ST-ZIP			
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOPER, JAMES	NAME			
STREET ADDRESS	1515 WILSON BLVD., STE. 1100	STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, VA 22209	CITY-ST-ZIP			
TITLE	EXVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALWAR, MADAN	NAME			
STREET ADDRESS	1515 WILSON BLVD., STE. 1100	STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, VA 22209	CITY-ST-ZIP			
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, SAM W	NAME	CEOVPD		
STREET ADDRESS	3475 E. FOOTHILL BLVD	STREET ADDRESS	SAM W. BOX		
CITY-ST-ZIP	PASADENA, CA 91107	CITY-ST-ZIP	3475 E. FOOTHILL BLVD.		
CITY-ST-ZIP	PASADENA, CA 91107	CITY-ST-ZIP	PASADENA, CA 91107		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATRACK, DAN L	NAME			
STREET ADDRESS	9475 E. FOOTHILL BLVD	STREET ADDRESS			
CITY-ST-ZIP	PASADENA, CA 91107	CITY-ST-ZIP			
TITLE	VP/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMMON, RICHARD A	NAME			
STREET ADDRESS	3475 E. FOOTHILL BLVD	STREET ADDRESS			
CITY-ST-ZIP	PASADENA, CA 91107	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: 			Date: <b>2/16/06</b>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

OFFICERS AND DIRECTORS OF THE CORPORATION

COMPLETE BUSINESS MAILING ADDRESS

40026092  
# F04000001577

TITLE	NAME	Street	City	State	Zip Code
TREASURER	David W. King	3475 East Foothill Boulevard	Pasadena,	CA	91107
ASSISTANT TREASURER	Teresa M. Dieguez	3475 East Foothill Boulevard	Pasadena,	CA	91107
DIRECTOR	Richard H. Truly	3475 East Foothill Boulevard	Pasadena,	CA	91107