

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F04000005149

1. Entity Name
EAGAN, MCALLISTER ASSOCIATES, INC.



Principal Place of Business
2829 GUARDIAN LANE
VIRGINIA BEACH, VA 23452

Mailing Address
2829 GUARDIAN LANE
VIRGINIA BEACH, VA 23452

FILED

05 JUL -7 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1351526	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ALBERO, CARL M 2829 GUARDIAN LANE VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC GOLDEN, ROBERT J 2877 GUARDIAN LANE VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LISOTA, GARY M 2829 GUARDIAN LANE VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HUNTER, L. RENE 2877 GUARDIAN LANE VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, DOUGLAS E 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROTHENBERG, ANDREW 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121

400054529214
07/21/05--01056--006 **100.00

400054529214
05/13/05--01066--013 **100.00

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Handwritten signature/initials

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Golden / Robert Golden / DIRECTOR 025/05 757 467-6666
Signature and typed or printed name of signing officer or director Date Daytime Phone #