
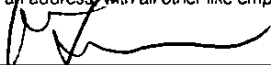


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 016 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1351526	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ALBERO, CARL M 2829 GUARDIAN LANE VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER- CEO MCALLISTER, JOHN J. 4732 EAGAN MCALLISTER LN LEXINGTON PARK, MD 20653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC GOLDEN, ROBERT J 2877 GUARDIAN LANE VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER- CFO LIU, RONALD Y. 2877 GUARDIAN LN VIRGINIA BEACH, VA 23452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LISOTA, GARY M 2829 GUARDIAN LANE VIRGINIA BEACH, VA 23452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HUNTER, L. RENE 2877 GUARDIAN LANE VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER-TREASURER TALICURAN, JENNIFER 2877 GUARDIAN LN VIRGINIA BEACH, VA 23452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, DOUGLAS E 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROTHENBERG, ANDREW 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Ronald Liu		4/18/06 (757) 463-6666	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	