## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006542

Entity Name: PA GOVERNMENT SERVICES INC.

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1750 PENNSYLVANIA AVE. NW, SUITE 1000 WASHINGTON, DC 20006				4601 NORTH FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203		
Current Mailing Address:				New Mailing Address:		
1750 PENNSYLVANIA AVE. NW, SUITE 1000 WASHINGTON, DC 20006			4601 NORTH FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203			
FEI Number: 52-1173290 FEI Number Applied For ( ) FEI Num			mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
NATIONAL CORPORATE RESEARCH LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 US  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		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	RUBIN, KENNETI	ANIA AVE. NW, SUITE 1000		Title: Name: Address: City-St-Zip:	RUBIN, KENI	FAIRFAX DRIVE, SUITE 600
Title: Name: Address: City-St-Zip:	TINDALE, BRUCI	M PALACE ROAD		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	ARMSTRONG, JO	ANIA AVE. NW, SUITE 1000		Title: Name: Address: City-St-Zip:	ARMSTRONG	FAIRFAX DRIVE, SUITE 600
Title: Name: Address: City-St-Zip:	KEITH, DAVID	Delete ANIA AVE. NW, SUITE 1000 DC 20006		Title: Name: Address: City-St-Zip:	KEITH, DAVII	FAIRFAX DRIVE, SUITE 600
Title: Name: Address: City-St-Zip:	WHITE, DEAN	Delete ANIA AVE. NW, SUITE 1000 DC 20006		Title: Name: Address: City-St-Zip:	WHITE, DEA	FAIRFAX DRIVE, SUITE 600
Title: Name: Address: City-St-Zip:	RODRIGUEZ, IGI	ANIA AVE. NW, SUITE 1000		Title: Name: Address: City-St-Zip:	MILLER, LAU	I FAIRFAX DRIVE, SUITE 600

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: LAURIE MILLER AS 07/13/2006