
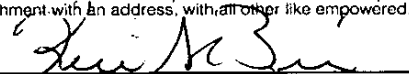


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 010 ***150.00

DOCUMENT # F05000005026							
1. Entity Name FACILITY ENGINEERING ASSOCIATES, P.C.							
Principal Place of Business 11001 LEE HIGHWAY, SUITE D FAIRFAX, VA 22030		Mailing Address 11001 LEE HIGHWAY, SUITE D FAIRFAX, VA 22030					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02132008 Chg-P CR2E034 (12/06)			
Zip		Zip		4. FEI Number 54-1646671 Applied For Not Applicable			
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301			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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HODGES, CHRISTOPHER P	NAME					
STREET ADDRESS	5208 DIXONS MILL RD	STREET ADDRESS	11001 Lee Highway, Suite D, Fairfax, VA 22030				
CITY-ST-ZIP	MARSHALL, VA 20115	CITY-ST-ZIP					
TITLE	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WHITTAKER, JAMES P	NAME					
STREET ADDRESS	5021 WHISPER WILLOW DR	STREET ADDRESS	11001 Lee Highway, Suite D, Fairfax, VA 22030				
CITY-ST-ZIP	FAIRFAX, VA 22030	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMALL, WILLIAM W IV	NAME					
STREET ADDRESS	205 E WISE CT	STREET ADDRESS	445 Union Boulevard, Suite 120, Lakewood, CO 80228				
CITY-ST-ZIP	PURCELLVILLE, VA 20132	CITY-ST-ZIP					
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	O'BRIEN, KEVIN A	NAME					
STREET ADDRESS	4175 CRAY DR	STREET ADDRESS	11001 Lee Highway, Suite D, Fairfax, VA 22030				
CITY-ST-ZIP	WARRENTON, VA 20187	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SWANSON, PAUL G	NAME					
STREET ADDRESS	12915 BOOTH ROAD	STREET ADDRESS	11001 Lee Highway, Suite D, Fairfax, VA 22030				
CITY-ST-ZIP	LOVETTSVILLE, VA 201802226	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LARSON, THOMAS W	NAME					
STREET ADDRESS	20985 NIGHTSHADE PLACE	STREET ADDRESS	11001 Lee Highway, Suite D, Fairfax, VA 22030				
CITY-ST-ZIP	ASHBURN, VA 20147	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 another like empowered.							
SIGNATURE: 		Kevin A. O'Brien		02/13/2008 703-591-4855			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			