
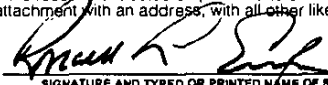


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 012 ***150.00

DOCUMENT # F93000004603					
1. Entity Name TOLK, INC.					
Principal Place of Business 8401 ARLINGTON BLVD FAIRFAX, VA 22031			Mailing Address 8401 ARLINGTON BLVD FAIRFAX, VA 22031		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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	C	<input type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWBERRY, SIDNEY		NAME	EWING, RONALD L.	
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX, VA 22031		CITY-ST-ZIP	FAIRFAX, VA 22031	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CRAIG N		NAME	HOLDENER, RAY	
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX, VA 22031		CITY-ST-ZIP	FAIRFAX, VA	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, RUSSELL		NAME	REINER, MARK	
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX, VA 22031		CITY-ST-ZIP	FAIRFAX, VA 22031	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, PATRICK E		NAME	RITNER, RICHARD M.	
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS	8401 ARLINGTON BLVD.	
CITY-ST-ZIP	FAIRFAX, VA 22031		CITY-ST-ZIP	FAIRFAX, VA 22031	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITNER, RICHARD M		NAME		
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX, VA 22031		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWBERRY, BARRY K		NAME		
STREET ADDRESS	8401 ARLINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX, VA 22031		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: 			RONALD L. EWING		703-849-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/10/06		Daytime Phone #