2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20939

Title:

Name:

Address:

City-St-Zip:

VD

(X) Delete

ORSAK, DEBRETHANN R C

11138 STEPHALEE LANE

N BETHESDA, MD 20852

FILED Apr 26, 2006 Secretary of State

Entity Name: CAGLEY & ASSOCIATES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6141 EXECUTIVE BLVD. ROCKVILLE, MD 20852				CUTIVE BLVD. E, MD 20852	US	
Current Mailing Address:			New Maili	New Mailing Address:		
6141 EXECUTIVE BLVD. ROCKVILLE, MD 20852				6141 EXECUTIVE BLVD. ROCKVILLE, MD 20852 US		
FEI Number:	52-1432994	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SCHMITT, 425 ROSSI NOKOMIS,	ETTI CIRCLE N	ORTH JS				
The above in the State	named entity su of Florida.	ubmits this statement for the pur	pose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent	1		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD () E CAGLEY, JAMES 11312 HUNTOVE ROCKVILLE, MD	R DR.	Title: Name: Address: City-St-Zip:	CD (X) CAGLEY, JAMES 11312 HUNTOVE ROCKVILLE, ME	ER DRIVE	
Title: Name: Address: City-St-Zip:	S () E CAGLEY, SHARO 11312 HUNTOVE ROCKVILLE, MD	R DR.	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	VD () E CAMP, DANIEL 12 SNUG HILL CO POTOMAC, MD		Title: Name: Address: City-St-Zip:	SD (X) CAMP, DANIEL 12 SNUG HILL C POTOMAC, MD	COURT	
Title: Name: Address: City-St-Zip:	VD ()E MALITS, FRANK 710 MILESTONE SILVER SPRING	DRIVE	Title: Name: Address: City-St-Zip:	TD (X) MALITS, FRANK 710 MILESTONE SILVER SPRING	DRIVE	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRETHANN R. CAGLEY ORSAK PRES 04/26/2006

() Change () Addition