

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20939

FILED
Apr 24, 2008
Secretary of State

Entity Name: CAGLEY & ASSOCIATES, INC.

Current Principal Place of Business:

6141 EXECUTIVE BLVD.
ROCKVILLE, MD 20852 US

New Principal Place of Business:

Current Mailing Address:

6141 EXECUTIVE BLVD.
ROCKVILLE, MD 20852 US

New Mailing Address:

FEI Number: 52-1432994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CAGLEY, JAMES R PRINCIP
Address: 11312 HUNTOVER DRIVE
City-St-Zip: ROCKVILLE, MD 20852 US

Title: PD () Delete
Name: ORSAK, DEBRETHANN R PRINCIP
Address: 11138 STEPHALEE LANE
City-St-Zip: N BETHESDA, MD 20852 US

Title: SD () Delete
Name: CAMP, DANIEL PRINCIP
Address: 12 SNUG HILL COURT
City-St-Zip: POTOMAC, MD 20854 US

Title: TD () Delete
Name: MALITS, FRANK S PRINCIP
Address: 710 MILESTONE DRIVE
City-St-Zip: SILVER SPRING, MD 20904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRETHANN R. CAGLEY ORSAK

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04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date