


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000028574
 1. Entity Name
 CAE GORDON, INC.



| | |
|---|---|
| Principal Place of Business 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 US | Mailing Address 11607 SPRINGRIDGE RD POTOMAC, MD 20854 US |
|---|---|

DO NOT WRITE IN THIS SPACE



08102005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0658268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD.
 STE. 101
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GORDON, MICHAEL 11607 SPRINGRIDGE RD POTOMAC, MD 20854 |
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 09/07/05-80019-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Gordon Michael Gordon 8/25/05 301-921-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #