

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005469

FILED
Jul 20, 2007
Secretary of State

Entity Name: ATHENA INNOVATIVE SOLUTIONS, INC.

Current Principal Place of Business:

1523 HAMPSHIRE AVE., NW
WASHINGTON, DC 20036

New Principal Place of Business:

901 NORTH GLEBE ROAD
SUITE 810
ARLINGTON, VA 22203

Current Mailing Address:

1523 HAMPSHIRE AVE., NW
WASHINGTON, DC 20036

New Mailing Address:

901 NORTH GLEBE ROAD
SUITE 810
ARLINGTON, VA 22203

FEI Number: 76-0800945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: MCKEON, ROBERT B
Address: 660 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: SD () Delete
Name: CAMPBELL, THOMAS J
Address: 660 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: ASD () Delete
Name: MUSSALLAM, RAMZI M
Address: 660 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCKEON, ROBERT B
Address: 590 MADISON AVENUE, 41ST FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: C/D (X) Change () Addition
Name: SMITH, LEIGHTON W
Address: 590 MADISON AVENUE, 41ST FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: AS/D (X) Change () Addition
Name: MUSSALLAM, RAMZI M
Address: 590 MADISON AVENUE, 41ST FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P/D () Change (X) Addition
Name: KING, JAMES C
Address: 901 NORTH GLEBE ROAD, SUITE 810
City-St-Zip: ARLINGTON, VA 22203

Title: S () Change (X) Addition
Name: WOODS, MICHAEL J
Address: 901 NORTH GLEBE ROAD, SUITE 810
City-St-Zip: ARLINGTON, VA 22203

Title: T () Change (X) Addition
Name: WILKINSON, WAYNE
Address: 901 NORTH GLEBE ROAD, SUITE 810
City-St-Zip: ARLINGTON, VA 22203

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: MICHAEL J. WOODS

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07/20/2007

Electronic Signature of Signing Officer or Director

Date