


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90118 019 \*\*\*150.00

<b>DOCUMENT # 833304</b>					
1. Entity Name SELLS-FLOTO, INC.					
Principal Place of Business 8607 WESTWOOD CENTER DR. VIENNA, VA 22182			Mailing Address 8607 WESTWOOD CENTER DR. VIENNA, VA 22182		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Tax Dept. - 3<sup>rd</sup> floor</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-0996636	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			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYES STEET SUITE 105 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, KENNETH		NAME		
STREET ADDRESS	9609 HALTER COURT		STREET ADDRESS		
CITY-ST-ZIP	POTOMAC, MD		CITY-ST-ZIP		
TITLE	VTCF	<input type="checkbox"/> Delete	TITLE	Senior VP and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCH, MICHAEL		NAME	Michael Little	
STREET ADDRESS	1342 27TH ST, NW		STREET ADDRESS	8607 Westwood Center Dr	
CITY-ST-ZIP	WASHINGTON, DC 20007		CITY-ST-ZIP	Vienna VA 22182	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWALSKY, JEROME S.		NAME		
STREET ADDRESS	8613 CHATEAU DR.		STREET ADDRESS		
CITY-ST-ZIP	POTOMAC, MD		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DUANE D. J		NAME	KEITH SENGLAUB	
STREET ADDRESS	11651 STONEVIEW SQUARE, #2B		STREET ADDRESS	8607 Westwood Center Drive	
CITY-ST-ZIP	RESTON, VA 20191		CITY-ST-ZIP	Vienna VA 22182	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Keith Senlaub</i>		KEITH SENLAUB		4/29/05 (703) 448-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ASST. TREASURER		Date Daytime Phone #	