


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 044 ***150.00

DOCUMENT # F93000005778
 1. Entity Name
 CEI REALTY, INC.



Principal Place of Business 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA, MD 20814-6195	Mailing Address 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA, MD 20814-6195
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1720754	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
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARK, A J 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT NUSSDORF, LAWRENCE C 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUMPHREY, CONNIE B 7500 OLD GEORGETOWN RD BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEAWRIGHT, D. STEPHEN 7500 OLD GEORGETOWN RD BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS OWEN, REBECCA L 7500 OLD GEORGETOWN RD BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLANAGAN, ROBERT J 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814

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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: Arnold Stutz Vice President 4/24/05 301-657-7157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #