


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90100 022 \*\*\*150.00

<b>DOCUMENT # F93000005778</b>				
1. Entity Name <b>CEI REALTY, INC.</b>				
Principal Place of Business <b>7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA, MD 20814-6195</b>		Mailing Address <b>7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA, MD 20814-6195</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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				
TITLE	DC <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARK, A J	NAME	Klatzkin, Terri D.	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	STREET ADDRESS	7500 Old Georgetown Rd	
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	Bethesda, Md 20814	
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUSSDORF, LAWRENCE C	NAME		
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUMPHREY, CONNIE B	NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD	STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAWRIGHT, D. STEPHEN	NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD	STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP		
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, REBECCA L	NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD	STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANAGAN, ROBERT J	NAME		
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Terri D. Klatzkin</i>		Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	
		2/10/06	301-657-7157	



02022006 Chg-P CR2E034 (11/05)

4. FEI Number **52-1720754** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FL** Zip Code