## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F0000003009

Entity Name: CES FACILITIES MANAGEMENT SERVICES, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
320 23RD STREET SOUTH ARLINGTON, VA 22202				320 23RD STREET SOUTH SUITE 100 ARLINGTON, VA 22202		
Current Mailing Address:				New Mailing Address:		
320 23RD STREET SOUTH ARLINGTON, VA 22202			SUITE	320 23RD STREET SOUTH SUITE 100 ARLINGTON, VA 22202		
FEI Number:	54-1961798	FEI Number Applied For ( )	FEI Number Not A	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	RODGERS, WILI	ET SOUTH STE 100	Title: Name: Address: City-St-Z		) Change ()Addition	
Title: Name: Address: City-St-Zip:	CROSBY, DEBO	ET SOUTH STE 100	Title: Name: Address: City-St-Z	``	) Change ()Addition	
Title: Name: Address: City-St-Zip:	MATZ, R K	Delete EVEN 6TH FLOOR D6851	Title: Name: Address: City-St-Z	``	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SPERA, JOHNNA	ET SOUTH STE 100	Title: Name: Address: City-St-Z	. ,	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DONELAN, FRAN	EVEN, 6TH FLOOR	Title: Name: Address: City-St-Z	``	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SAYERS, PHILIP	ET SOUTH STE 100	Title: Name: Address: City-St-Z	DORY, LEARA 320 23RD STR	EET SOUTH STE 100	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHNNA S. SPERA S 04/04/2006