2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

ANNUAL REPORT			Jul 11, 2005 06:00 A		
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DUN PLACE, STE. 510	7361 CALHOUN PLACE, STE. 510	-			
DO NOT WRITE IN THIS SPACE		06282005 No Chg-P 4. FEI Number 13-4268732 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Reg	stered Agent		* *	•	
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tions of registered agent.	harbose of cristifield to redistered offic	e or registeri	o agent, or both, in the state of hour	ga. Tam lamiliar with, and accept	
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Signature, typed or printed name of registered agent and ift	le if applicable (NOTE Registered Agent s	lghature required	when reinstating) U7/11/U5-	<u>80018-004 550.00</u>	
LE NOW!!! FEE IS \$550.00 lue by September 7, 2005	Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be d to Fees		
OFFICERS AND DIR	CTORS	4 45 35 443	1 1/20 / 20 / 20 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	,	
CP RAMAMOORTHY, BALA 7361 CALHOUN PLACE, STE. 510		•	-		
ROCKVILLE, MD 208552774	i				
WOOKVILLE, WID 200552114					
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	MENT # F030000582 SE SOUTHEAST CORPORATION OF A CORPORATI	MENT # F03000005829 SE SOUTHEAST CORPORATION e of Business Mailing Address DUN PLACE, STE. 510 MD 20855-2774 T351 CALHOUN PLACE, STE. 510 ROCKVILLE, MD 20855-2774 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ATION SERVICE COMPANY S STREET SSEE, FL 32301 In named entity submits this statement for the purpose of changing its registered officients of registered agent. Signature, typed or printed name of registered agent and fille if applicable. RICH Registered Agent Street Registered Agent	MENT # F03000005829 SE SOUTHEAST CORPORATION To a fill of Business Mailing Address Mailing Address Mailing Address T361 CALHOUN PLACE, STE. 510 ROCKVILLE, MD 20855-2774 ROCKVILLE, MD 20855-2774 THIS SPACE TO NOT WRITE IN THIS SPACE TO NOT WRITE IN THIS SPACE TO NOT WRITE IN THIS SPACE TO NOTE Registered Agent ATION SERVICE COMPANY S STREET SSEE, FL 32301 To a mand antity submits this statement for the purpose of changing its registered office or registered lions of registered agent. Signature, typediot printed name of registered agent and fille if apolicable NOTE Registered Agent signature required. Signature, typediot printed name of registered agent and fille if apolicable NOTE Registered Agent signature required. P. Election Campaign Financing Truss Fund Contribution. OFFICERS AND DIRECTORS CP RAMAMOORTHY, BALA 7361 CALHOUN PLACE, STE. 510	MENT # F03000005829 SE SOUTHEAST CORPORATION The of Business of Mailing Address of Current Registered Agent Agent and Site I socilicate of Changing Its registered agent, or both, in the State of Flori Ilons of registered agent. The state of State of State of State of Flori Ilons of registered agent. Signature, typed or printed name of registered agent and Site I socilicate. Descriptions of Registered Agent Signature required when relineating in the State of Flori Ilons of registered agent. Signature, typed or printed name of registered agent and Site I socilicate. Descriptions of Registered Agent Signature required when relineating in the State of Flori Ilons of registered agent. Signature, typed or printed name of registered agent and Site I socilicate. Descriptions of Registered Agent Signature required when relineating in the State of Flori Ilons of registered agent. Signature, typed or printed name of registered agent and Site I socilicate. Descriptions of Registered Agent Signature required when relineating in the State of Flori Ilons of registered agent. Descriptions of Registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required when relineating in the State of Flori Ilons of registered Agent Signature required	

12. I hereby certify that the information supplied with this filling 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 appowered 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 till an aid required in the statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05

301340380

Daytime Phone #