


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004301 1. Entity Name ASEEL, INC.	
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Principal Place of Business 1215 19TH STREET, N.W. WASHINGTON, DC 20036	Mailing Address 1215 19TH STREET, N.W. WASHINGTON, DC 20036
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1941426	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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.

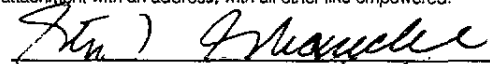
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000071965 03/01/04-80093-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD AL-GHUNAIM, MAHA K P.O. BOX 28807 SAFAT 13149, KUWAIT,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD AL-GHUNAIM, FAHED K P.O. BOX 28807 SAFAT 13149, KUWAIT,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VAS SKANCKE, STEVEN L 1215 19TH STREET, N.W. WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V AL-NAKEEB, HAYAT A P.O. BOX 28807 SAFAT 13149, KUWAIT,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-GHUNAIM, MOHAMMED K P.O. BOX 28807 SAFAT 13149, KUWAIT,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AL-GHUNAIM, AHMED K P.O. BOX 28807 SAFAT 13149, KUWAIT,

DO NOT WRITE IN THIS SPACE

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: 	February 24, 2004	202 429-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #