

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004301

1. Entity Name
ASEEL, INC.



Principal Place of Business
1100 CONNECTICUT AVE. NW
SUITE 725
WASHINGTON, DC 20036

Mailing Address
1100 CONNECTICUT AVE. NW
SUITE 725
WASHINGTON, DC 20036



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1941426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	AL-GHUNAIM, MAHA K
STREET ADDRESS	P.O. BOX 28807
CITY-STATE-ZIP	SAFAT 13149, KUWAIT,
TITLE	STD
NAME	AL-GHUNAIM, FAHED K
STREET ADDRESS	P.O. BOX 28807
CITY-STATE-ZIP	SAFAT 13149, KUWAIT,
TITLE	VAS
NAME	SKANCKE, STEVEN L
STREET ADDRESS	1215 19TH STREET, N.W.
CITY-STATE-ZIP	WASHINGTON, DC 20036
TITLE	V
NAME	AL-NAKEEB, HAYAT A
STREET ADDRESS	P.O. BOX 28807
CITY-STATE-ZIP	SAFAT 13149, KUWAIT,
TITLE	D
NAME	AL-GHUNAIM, MOHAMMED K
STREET ADDRESS	P.O. BOX 28807
CITY-STATE-ZIP	SAFAT 13149, KUWAIT,
TITLE	D
NAME	AL-GHUNAIM, AHMED K
STREET ADDRESS	P.O. BOX 28807
CITY-STATE-ZIP	SAFAT-13149, KUWAIT, ---

U00000654541
03/13/07-80067-008 150.00
**DO NOT WRITE
IN THIS SPACE**

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: _____

Steven L. Skancke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/07

Daytime Phone #

202 429 1780