

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004301

Entity Name: ASEEL, INC.

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

1100 CONNECTICUT AVE. NW
SUITE 725
WASHINGTON, DC 20036

New Principal Place of Business:

8065 LEESBURG PIKE
SUITE 305
VIENNA, VA 22182

Current Mailing Address:

1100 CONNECTICUT AVE. NW
SUITE 725
WASHINGTON, DC 20036

New Mailing Address:

8065 LEESBURG PIKE
SUITE 305
VIENNA, VA 22182

FEI Number: 52-1941426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: AL-GHUNAIM, MAHA K
Address: P.O. BOX 28807
City-St-Zip: SAFAT 13149, KUWAIT,

Title: STD () Delete
Name: AL-GHUNAIM, FAHED K
Address: P.O. BOX 28807
City-St-Zip: SAFAT 13149, KUWAIT,

Title: VAS () Delete
Name: SKANCKE, STEVEN L
Address: 1215 19TH STREET, N.W.
City-St-Zip: WASHINGTON, DC 20036

Title: V () Delete
Name: AL-NAKEEB, HAYAT A
Address: P.O. BOX 28807
City-St-Zip: SAFAT 13149, KUWAIT,

Title: D () Delete
Name: AL-GHUNAIM, MOHAMMED K
Address: P.O. BOX 28807
City-St-Zip: SAFAT 13149, KUWAIT,

Title: D () Delete
Name: AL-GHUNAIM, AHMED K
Address: P.O. BOX 28807
City-St-Zip: SAFAT 13149, KUWAIT,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VAS (X) Change () Addition
Name: SKANCKE, STEVEN L
Address: 8065 LEESBURG PIKE
City-St-Zip: VIENNA, VA 22182

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN L. SKANCKE

VAS

07/22/2008

Electronic Signature of Signing Officer or Director

Date