

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 050 ***150.00

DOCUMENT # F99000006459 1. Entity Name CARR REAL ESTATE SERVICES, INC.	
--	---

Principal Place of Business 1850 K STREET, N.W. WASHINGTON, CD 20006	Mailing Address 1850 K STREET, N.W. WASHINGTON, CD 20006
--	--

50046651



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1807981	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
--

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARR, ROBERT O 1850 K STREET, N.W. WASHINGTON, CD 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, JOHN J JR. 1850 K STREET, N.W. WASHINGTON, CD 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRALOWER, STEVEN N 1850 K STREET, N.W. WASHINGTON, CD 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, DAVID 1850 K ST NW STE 500 WASHINGTON, CD 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRENINGER, RICH SR 1850 K STREET, N.W. WASHINGTON, CD 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIFREE, STEPHEN E 1850 K ST NW STE 500 WASHINGTON, CD 20006

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: David Lee David Lee 4/28/05 202 729 75 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #