2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745712

FILED Jan 18, 2008 Secretary of State

Entity Name: ISLAMIC SOCIETY OF TAMPA BAY AREA, INC.

Current Principal Place of Business: New Principal Place of Business:

7326 E SLIGH AVE. TAMPA, FL 336109504

Current Mailing Address: New Mailing Address:

7326 E SLIGH AVE TAMPA, FL 336109504

FEI Number: 59-0201966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SULTAN, MOHAMMAD 6932 ORÍENT DR TAMPA, FL 33610

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete KHAN, AJMAL Name:

Address: 3309 JAP TUCKER ROAD

City-St-Zip: PLANT CITY, FL

Title: CD () Delete

Name: AHMED, ELIAS

Address: 15319 WINDING CREEK DRIVE

City-St-Zip: TAMPA, FL

Title: () Delete SABA, HUSSAIN Name:

605 WARREN RD Address:

City-St-Zip: LUTZ. FL

Title: () Delete

Name: ADAS, WALEED Address: 2161 CR 540 A #110 City-St-Zip: LAKELAND, FL 33813

(X) Change () Addition

Name: KHAN, AJMAL

Address: 3309 JAP TUCKER ROAD

PLANT CITY, FL 33566 City-St-Zip:

Title: (X) Change () Addition

Name: AHMED, ELIAS

Address: 15319 WINDING CREEK DRIVE

City-St-Zip: TAMPA, FL 33613

Title: (X) Change () Addition

SABA, HUSSAIN Name: 605 WARREN RD Address: City-St-Zip: LUTZ, FL 33548

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALEED ADAS Τ 01/18/2008