


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

04-29-2005 90282 038 ***150.00

DOCUMENT # F93000001454

1. Entity Name
INTERCHANGE ASSOCIATES INC.



Principal Place of Business Mailing Address
C/O MICHAEL P. COLLINS, ESQ. **C/O MICHAEL P. COLLINS, ESQ.**
725 FIFTH AVENUE **725 FIFTH AVENUE**
NEW YORK, NY 10022 US **NEW YORK, NY 10022 US**

66024936



2. Principal Place of Business 3. Mailing Address
c/o The Michael Gaich Co. **c/o The Michael Gaich Co.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
190 S Sykes Creek Pkwy #4 **190 S Sykes Creek Pkwy #4**

04252005 Chg-P CR2E034 (10/03)

City & State City & State
Merritt Island, FL 32952 **Merritt Island FL 32952**

4. FEI Number Applied For
51-0344581 Not Applicable

Zip Country Zip Country
32952 **USA** **32952** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301

Name
Michael Gaich/The Michael-Gaich Company
 Street Address (P.O. Box Number is Not Acceptable)
190 S Sykes Creek Pkwy, Ste #4
 City
Merritt Island **FL** Zip Code
32952

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: *Michael G Gaich* DATE: 5-26-05

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

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NASHAR, MAHMOUD M PO BOX 6697, JEDDAH, SAUDIA ARABIA C/O 725 FIFTH AVE, NY, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KHASHOGGI, HUSNI H PO BOX 13162, JEDDAH, SAUDIA ARABIA C/O 725 FIFTH AVE, NY, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAICH, MICHAEL 190 SOUTH SYKES CREEK PARKWAY MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Gaich* DATE: 5-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #