


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000001454

1. Entity Name
INTERCHANGE ASSOCIATES INC.



Principal Place of Business Mailing Address

**C/O THE MICHAEL GAICH CO.
 190 S. SYKES CREEK PKWY # 4
 MERRITT ISLAND, FL 32952 US**

**C/O THE MICHAEL GAICH CO.
 190 S. SYKES CREEK PKWY # 4
 MERRITT ISLAND, FL 32952 US**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
51-0344581 Not Applicable

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

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6. Name and Address of Current Registered Agent

**GAICH, MICHAEL
 THE MICHAEL GAICH COMPANY
 190 S. SYKES CREEK PKWY, SUITE 4
 MERRITT ISLAND, FL 32952**

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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, 2006 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	NASHAR, MAHMOUD M
STREET ADDRESS	PO BOX 6697, JEDDAH, SAUDIA ARABIA
CITY-ST-ZIP	C/O 725 FIFTH AVE, NY, NY 10022
TITLE	VCD
NAME	KHASHOGGI, HUSNI H
STREET ADDRESS	PO BOX 13162, JEDDAH, SAUDIA ARABIA
CITY-ST-ZIP	C/O 725 FIFTH AVE, NY, NY 10022
TITLE	S
NAME	GAICH, MICHAEL
STREET ADDRESS	190 SOUTH SYKES CREEK PARKWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/01/05-80013-013 150.00

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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: MICHAEL GAICH 2-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #