2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002864

Apr 25, 2006 Secretary of State

Entity Name: ISLAMIC SOCIETY OF NEW TAMPA, INC. **Current Principal Place of Business: New Principal Place of Business:** 15830 MORRIS BRIDGE RD. THONOTOSASSA, FL 33592 **Current Mailing Address: New Mailing Address:** 15830 MORRIS BRIDGE RD. THONOTOSASSA, FL 33592 FEI Number: 59-3641940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HASHMI, ARJUMAND MD Name: Name: Address: 18123 LONGWATER DR. Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: AHMED, MAHMUD MD Name: AHMED, MAHMUD MD Address: 8930 MAGNOLIA CHASE CIR Address: 26528 CASTLEVIEW WAY City-St-Zip: TAMPA, FL 33647 City-St-Zip: WESLEY CHAPPEL, FL 33543 Title: () Delete Title: () Change () Addition KAMEL, SYED T Name: Name: 17807 RIDGE WAY CT. Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: SYED, MAHMOOD Name: FAROOQI, SHAFQAT 9434 BLUEBIRD DRIVE LONGWATER DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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: MAHMUD AHMED VD 04/25/2006