

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


05-10-2006 90092 033 ***150.00

FILED N05000000552
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 18 AM 8:04

DOCUMENT # N05000000552

1. Entity Name
BANGLADESH-AMERICAN MULTI-CULTURAL ORGANIZATION, INC.



Principal Place of Business 5576 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437	Mailing Address 5576 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH FL**

1st MOORE CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PSD HAROON <input type="checkbox"/> Delete HARON, SARKER 5576 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HASAN, MHMUD 5576 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CHOWURY, HADI 5576 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 617, 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:  **07/29/06 061-704-3915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE