
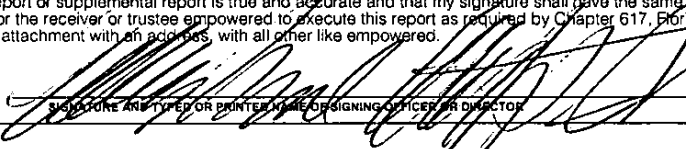


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90007 029 ****61.25

DOCUMENT # N05000003188					
1. Entity Name MEFTAH FOUNDATION INC.					
Principal Place of Business 340 5TH AVE S SUITE 200 NAPLES, FL 34102			Mailing Address 340 5TH AVE S SUITE 200 NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3378489				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOLPE, MICHAEL J ESQ 711 5TH AVE S SUITE 201 NAPLES, FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, MICHAEL			NAME	
STREET ADDRESS	3540 GIN LANE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, PATRICIA M			NAME	
STREET ADDRESS	3540 GIN LANE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, DIANE M			NAME	
STREET ADDRESS	1990 SCIOTO POINTE DR			STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 43221			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, YVETTE M			NAME	
STREET ADDRESS	2939 28TH STREET NW			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20008			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, PARVIZ			NAME	
STREET ADDRESS	152 W HIGH STREET			STREET ADDRESS	
CITY-ST-ZIP	MI GILEAD, OH 43338			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLPE, MICHAEL J ESQ			NAME	
STREET ADDRESS	711 5TH AVE S SUITE 201			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.					
SIGNATURE: 				Date: 2/1/06 Daytime Phone #: 2394346446	