

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2006 8:00 am
Secretary of State**

03-31-2006 90022 016 ***150.00

DOCUMENT # P99000070713
1. Entity Name Noor Business Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8700 E. Colonial Drive Suite, Apt. #, etc.	3. Mailing Address 8700 E. COLONIAL DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State ORLANDO FL	4. FEI Number 59-3591799	Applied For Not Applicable
Zip 32817	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ANIS, RIMLA	
Street Address (P.O. Box Number is Not Acceptable) 846 WYMORE RD., 47B	
City ALTAMONTE SPRINGS	Zip Code FL 32714

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISLAM, MOHAMMED N MR. 846 WYMORE RD., 47B ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANIS, RIMLA 846 WYMORE RD., 47B ALTAMONTE SPRINGS FL 32714
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mohammed Nazrul Islam **3-10-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #