


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002505					
1. Entity Name AZAD EXPLORATION, INC.					
Principal Place of Business 709-3316 RIDEAU PLACE SW CALGARY, ALBERTA CANADA T2S-1Z4,			Mailing Address 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310		
2. Principal Place of Business		3. Mailing Address 1435 Piedmont Drive E Suite, Apt. #, etc. Suite 202-4 City & State Tallahassee, FL Zip 32308 Country			
Suite, Apt. #, etc.		City & State		4. FEI Number 98-0032998 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
Zip		Country		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD AZAD, JAMIL 709-3316 RIDEAU PLACE SW CALGARY, ALBERTA, CANADA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Jamil Azad, President</u> <u>04/19/06</u> <u>403-228-2045</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072006 Chg-P CR2E034 (11/05)

4. FEI Number 98-0032998
Applied For Not Applicable

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

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SIGNATURE: Jamil Azad, President 04/19/06 403-228-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #