


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90226 009 \*\*\*150.00

<b>DOCUMENT # F47948</b>			
1. Entity Name A.N.F. INC.			
Principal Place of Business C/O GOFF, CECIL 10111 NW 24 PL. APT 105 BLDG 197 SUNRISE, FL 33322-6881 US		Mailing Address C/O GOFF, CECIL 10111 NW 24 PL. APT 105 BLDG 197 SUNRISE, FL 33322-6881 US	
2. Principal Place of Business 8061 Royal Palm Circle Suite, Apt. #, etc.		3. Mailing Address 8061 Royal Palm Circle Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State TAMARAC, FL	
Zip 33321		Country USA	
4. FEI Number 59-2127032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAYAD, AFIF N 10111 NW 24 PL APT 105 BLDG 197 SUNRISE, FL 33322-6881		7. Name and Address of New Registered Agent Name: FAYAD, AFIF N Street Address (P.O. Box Number is Not Acceptable): 8061 Royal Palm Circle City: TAMARAC FL Zip Code: 33321	
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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	PD FAYAD, AFIF N 3844 KOVAL LANE WOODBIDGE, VA 22192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAYAD AFIF N 8061 Royal Palm Circle TAMARAC, FL. 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAYAD, GWENDOLYN L 3844 KOVAL LANE LAKE RIDGE, VA 22192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAYAD, GWENDOLYN L 8061 Royal Palm Circle TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE MEDERAS, LESLIE 3844 KOVAL LANE WOODBIDGE, VA 22192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDEROS, LESLIE 7850 W. McNab Rd Apt 220 TAMARAC, FL. 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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>F. Fayad</u>		Date: <u>Jan 10/05 (954) 724-9264</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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