

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 27, 2008
Secretary of State

DOCUMENT# F98000000933

Entity Name: ASSOCIATION OF ISLAMIC CHARITABLE PROJECTS INC.**Current Principal Place of Business:**4431 WALNUT ST.
PHILADELPHIA, PA 19104**New Principal Place of Business:****Current Mailing Address:**4431 WALNUT ST.
PHILADELPHIA, PA 19104**New Mailing Address:****FEI Number:** 23-2628749**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TARIFI, GHASSAN MR.
2820 GRIFFIN RD.
FORT LAUDERDALE, FL 33812 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PDC () Delete
Name: DIMACHKIE, OMAR
Address: 545 E. ST. ANDREWS DR.
City-St-Zip: MEDIA, PA 19063**Title:** VDC () Delete
Name: ALI, GHAZZAWI
Address: 170 SHERBROOK BLVD.
City-St-Zip: UPPER DARBY, PA 19082**Title:** SD () Delete
Name: ALAMIDOIN, GHASSAN
Address: 7680 TAFT ST.
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** TD () Delete
Name: TARIFI, GHASSAN
Address: 2822 GRIFFIN RD.
City-St-Zip: DANIA, FL 33312**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: AHMAD, CHATILA M
Address: 2820 GRIFFIN RD.
City-St-Zip: DANIA, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OD

PDC

05/27/2008

Electronic Signature of Signing Officer or Director

Date