


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90230 010 ***150.00

DOCUMENT # G73332 1. Entity Name GULSHAN, INC.			
Principal Place of Business 1243 MAIN ST STE 2 P.O. BOX 608 CHIPLEY, FL 32428 US		Mailing Address 1243 MAIN ST STE 2 P.O. BOX 608 CHIPLEY, FL 32428 US	
2. Principal Place of Business Suite, Apt. #, etc. 1243 Main Street		3. Mailing Address P O Box 791 Suite, Apt. #, etc. City & State Chipley FL Zip 32428 Country USA	
4. FEI Number 59-2372500		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 ZAFAR, MUHANNAD I 1243 MAIN ST., SUITE 2 CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Muhammed I Zafar Street Address (P.O. Box Number is Not Acceptable) 3944 Solano Rd City Panama City FL Zip Code 32405	
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 <u>Muhammed I. Zafar</u> DATE <u>4/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	DP ZAFAR, MUHAMMAD I 1243 MAIN ST., SUITE 2 CHIPLEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Muhammed I Zafar 3944 Solano Rd Panama City FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDIQI, MOHAMMAD M. MD 935 BAREFOOT BLVD SEBASTIAN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Alice Carter 1231 Mayhew Lane Chipley FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARTER, ALICE 1243 MAIN ST, STE 2 CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Alice Carter 1231 Mayhew Lane Chipley FL 32428 <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>Alice Carter DST Alice Carter DST</u> Date <u>4-10-06</u> Daytime Phone # <u>850-260-5182</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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