

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 031 ***158.75

DOCUMENT # L55817

1. Entity Name

SAHAMO, INC.



Principal Place of Business

ATTN: T. T. ROSS
255 S. ORANGE AVE., 17TH FLOOR
ORLANDO FL 32801

Mailing Address

C/O SAS CORP.
8150 LEESBURG PIKE, SUITE 950
VIENNA VA 22182

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address C/O SAS CORP.

7777 LEESBURG PIKE

Suite, Apt. #, etc.

SUITE 14LS

City & State

City & State

FALLS CHURCH, VA

Zip

Country

Zip

22043

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AL-SAGRI, SALEH
STREET ADDRESS P.O. BOX 7710 N/A AL-KHURAI ROAD
CITY-ST-ZIP RIYADH, SAUDI ARABIA

TITLE D ☐ Delete
NAME AL-SAGRI, MOHAMMED
STREET ADDRESS P.O. BOX 7710 N/A AL-KHARAI ROAD
CITY-ST-ZIP RIYADH, SAUDI ARABIA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without being like empowered.

SIGNATURE:

SALEH ALI AL-SAGRI

3-14-06

(703) 448-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #