

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M98194

1. Entity Name
ARAMCO INVESTMENTS AND TRADE, INC.



Principal Place of Business
125 S.W. 11TH ST.
OCALA, FL 34474 US

Mailing Address
125 S.W. 11TH ST.
OCALA, FL 34474 US

**FILED
Feb 23, 2006 8:00 am
Secretary of State**

02-23-2006 90003 025 ***150.00



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2906824	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARHOUSH, A JABBAR
1054 SW 1ST AVENUE
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME BARHOUSH, SAMAR
STREET ADDRESS 225 SW 1ST STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ST
NAME WALKER, VALECIA
STREET ADDRESS 1986 LAURAL RUN DR.
CITY-ST-ZIP OCALA, FL 34471

TITLE P
NAME BARHOUSH, A. JABBAR
STREET ADDRESS 1054 S.W. 1ST AVE
CITY-ST-ZIP OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

St 215-06 352-132-6629
Valecia WALKER Date
Daytime Phone #