2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2009
Secretary of State

DOCUMENT# N00000007267

Entity Name: KAYANI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

14440 BEAULY CR
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 339
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: 65-1053103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KAYANI, MUHAMMAD B
14440 -BEAULEY CR
HUDSON, FL 34667 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:	PRES	( ) Delete
Name:	KAYANI, MUHAMMAD B	
Address:	P.O. BOX 339	
City-St-Zip:	PORT RICHEY, FL 34673	
Title:	D	( ) Delete
Name:	KAYANI, IMRAN	
Address:	P.O. BOX 339	
City-St-Zip:	PORT RICHEY, FL 34673	
Title:	D	( ) Delete
Name:	MOIN, NADIA K	
Address:	P.O. BOX 339	
City-St-Zip:	PORT RICHEY, FL 34673	
Title:	D	( ) Delete
Name:	KAYANI, AKHTAR	
Address:	P.O. BOX 339	
City-St-Zip:	PORT RICHEY, FL 34673	
Title:	D	( ) Delete
Name:	JAWAD, LUBNA	
Address:	P.O. BOX 339	
City-St-Zip:	PORT RICHEY, FL 34673	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: AK OFFI 06/06/2009

Electronic Signature of Signing Officer or Director — Date