2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000005465

Entity Name: INMATE WAQF, INC.

Current Principal Place of Business:

1623 N.E. 16TH WAY
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1623 N.E. 16TH WAY
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 37-1450664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAMMED, KHALED R
1514 S.E. 15TH AVENUE
GAINESVILLE, FL 32641 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: CPD ( ) Delete
Name: HENDERSON, WILLIAM
Address: 2940 N.W. 6TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD ( ) Delete
Name: MOHAMMED, KHALED R
Address: 1514 S.E. 15TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: SD ( ) Delete
Name: ABOU-MALIK, RUQAYYAH
Address: 1791 W ESTATES - UNIT B
City-St-Zip: CHICAGO, IL 60626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: HENDERSON, WILLIAM
Address: 906
City-St-Zip: FT LAUDERDALE, FL 33311

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

Title: SD (X) Change ( ) Addition
Name: ABDUL-MALIK, RUQAYYAH
Address: 1791 W ESTES - UNIT B
City-St-Zip: CHICAGO, IL 60626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KHALED MOHAMMED TD 04/29/2004

Electronic Signature of Signing Officer or Director — Date