2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300000015

Apr 23, 2006 Secretary of State

Entity Name: MADINATUL ILM ISLAMIC CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

7628 N 56TH ST., SUITE 5 TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

PO BOX 291878 TAMPA, FL 336871878

FEI Number: 30-0136993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAIG, MIRZA M
30517 CLEARVIEW DR
ZEPHYRHILLS, FL 33544 US
SADIQUE, FATIMA
30944 MIDTOWN CT
ZEPHYRHILLS, FL 33544 US

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: FATIMA SADIQUE 04/23/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: S () Delete Title: S (X) Change () Addition

 Name:
 SADIQUE, WAHEED
 Name:
 BAIG, MIRZA A

 Address:
 13419 THOMSAVILLE CIRCLE
 Address:
 10653 CEDAR PINE DR

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33647

Title: P () Delete Title: P (X) Change () Addition Name: MOMENI, SYRUS Name: SADIQUE, WAHEED

 Address:
 10811 VENICE CIRCLE
 Address:
 30944 MIDTOWN CT

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:
 ZEPHYRHILLS, FL 33544

Title: T () Delete Title: T (X) Change () Addition

 Name:
 AMAR, NABILE
 Name:
 CHAUHAN, SÜNAY

 Address:
 14401 HELLENIC DR #B8
 Address:
 7628 N 56TH ST #3

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:
 TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: MIRZA A BAIG S 04/23/2006