2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N03000001491

Entity Name: THE AMERICAN LEBANESE FOUNDATION, INC.

Current Principal Place of Business:

1915 BRICKELL AVENUE #C701
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1915 BRICKELL AVENUE #C701
MIAMI, FL 33129

New Mailing Address:

PO BOX 450873
MIAMI, FL 33245

FEI Number: 20-0760960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: D ( ) Delete
Name: CHAHINE, ROBERT DR.
Address: 1915 BRICKELL AVENUE #C701
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: ABUSSALI, ALIA
Address: 1915 BRICKELL AVENUE #C701
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: KILISSANLY, PETER
Address: 1915 BRICKELL AVENUE #C701
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MAHFOUD, TONY
Address: PO BOX 450873
City-St-Zip: MIAMI, FL 33245

Title: D (X) Change ( ) Addition
Name: KILISSANLY, PETER
Address: PO BOX 450873
City-St-Zip: MIAMI, FL 33245

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: ROBERT CHAHINE D 04/15/2005

Electronic Signature of Signing Officer or Director — Date