
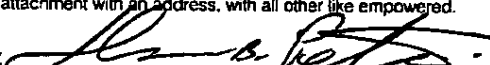


**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

66419213

<b>DOCUMENT # N03000005745</b>						<b>Secretary of State</b>	
1. Entity Name <b>AISHAS HOME, INC.</b>						04-19-2004 90302 027 ****61.25	
Principal Place of Business <b>6786 RUBENS COURT ORLANDO FL 32818</b>				Mailing Address <b>6786 RUBENS COURT ORLANDO FL 32818</b>			
2. Principal Place of Business				3. Mailing Address <b>PO Box 680702</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc. <b>ORLANDO FLORIDA</b>			
City & State				City & State			
Zip <b>32862</b>		Country <b>USA</b>		4. FEI Number <b>75-3114724</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>PETERS, GLENN B 6786 RUBENS COURT ORLANDO FL 32818</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME PETERS, GLENN B <input type="checkbox"/> Delete STREET ADDRESS 6786 RUBENS COURT CITY- ST- ZIP ORLANDO FL 32818				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
TITLE NAME GAUTIER, HAGGEO <input type="checkbox"/> Delete STREET ADDRESS 4932 HOLLY BAY WAY CITY- ST- ZIP ORLANDO FL 32829				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
TITLE NAME ROGERS, DOEOTHY <input type="checkbox"/> Delete STREET ADDRESS 14813 SIPLIN ROAD CITY- ST- ZIP WINTER GARDEN FL 34787				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
TITLE NAME EL-NAKHLAWY, ZAYNAB <input type="checkbox"/> Delete STREET ADDRESS PO BOX 681738 CITY- ST- ZIP ORLANDO FL 32868				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
TITLE NAME SQUIRE, THOMAS W. <input type="checkbox"/> Delete STREET ADDRESS 346 VILLAGE RD, APT 10 CITY- ST- ZIP WOON SOCKET RI 02895				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				02/06/04 (407) 445-3422			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			