2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005745

1. Entity Name
AISHAS HOME, INC.

Principal Place of Business	Mailing Address
6786 RUBENS COURT ORLANDO, FL 32818	PO BOX 680702 ORLANDO, FL 32862 US

05012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3114724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, GLENN B
6786 RUBENS COURT
ORLANDO, FL 32818

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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 GLENN B. PETERS 04/27/05.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERS, GLENN B
STREET ADDRESS	6786 RUBENS COURT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	V
NAME	GAUTIER, HAGGEO
STREET ADDRESS	4932 HOLLY BAY WAY
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	T
NAME	ROGERS, DOEOTHY
STREET ADDRESS	14813 SIPLIN ROAD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	S
NAME	EL-NAKHLAWY, ZAYNAB
STREET ADDRESS	PO BOX 681738
CITY-ST-ZIP	ORLANDO, FL 32868
TITLE	T
NAME	SQUIRE, THOMAS W
STREET ADDRESS	346 VILLAGE RD, APT 10
CITY-ST-ZIP	WOON SOCKET, RI 02895
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/05-80003-008 61.25

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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: ZAYNAB EL-Nakhlawy 467-293-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #