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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 24 AM 8:35

STATE
ALABAMA, FLORIDA



01312007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000005745					
1. Entity Name AISHAS HOME, INC.					
Principal Place of Business 6786 RUBENS COURT ORLANDO, FL 32818		Mailing Address PO BOX 680702 ORLANDO, FL 32862 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3114724	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 PETERS, GLENN B 6786 RUBENS COURT ORLANDO, FL 32818				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 STREET ADDRESS CITY-ST-ZIP	P PETERS, GLENN B 6786 RUBENS COURT ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAUTIER, HAGGEO 4932 HOLLY BAY WAY ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CALDERON, LUZ 823 W CENTRAL BLVD ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRINA SAMUELS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 21561 Savannah GA 31404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNDRAY, PETERS PO BOX 682795 ORLANDO, FL 32868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SQUIRE, THOMAS W 346 VILLAGE RD, APT 10 WOON SOCKET, RI 02895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		6-27-07 401 293 5625			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			