

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005745

FILED
Apr 21, 2008
Secretary of State

Entity Name: AISHAS HOME, INC.

Current Principal Place of Business:

6786 RUBENS COURT
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

PO BOX 680702
ORLANDO, FL 32862 US

New Mailing Address:

FEI Number: 75-3114724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, GLENN B
6786 RUBENS COURT
ORLANDO, FL 32818 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: P () Delete
Name: PETERS, GLENN B
Address: 6786 RUBENS COURT
City-St-Zip: ORLANDO, FL 32818

Title: V () Delete
Name: GAUTIER, HAGGEO
Address: 4932 HOLLY BAY WAY
City-St-Zip: ORLANDO, FL 32829

Title: C () Delete
Name: SAMUELS, TRINA
Address: P.O. BOX 21561
City-St-Zip: SAVANNAH, GA 31404

Title: S () Delete
Name: UNDRAY, PETERS
Address: PO BOX 682795
City-St-Zip: ORLANDO, FL 32868

Title: T () Delete
Name: SQUIRE, THOMAS W
Address: 346 VILLAGE RD, APT 10
City-St-Zip: WOON SOCKET, RI 02895

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: UNDRAY PETERS

MRS

04/21/2008

Electronic Signature of Signing Officer or Director

Date