2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90203 021 ****61.25

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1. Entity Name
ISLAMIC LEARNING INSTITUTE, INC.

Principal Place of Business	Mailing Address
4905 34TH STREET SOUTH #264 ST. PETERSBURG,, FL 33711	4905 34TH STREET SOUTH #264 ST. PETERSBURG,, FL 33711

05012006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-1629039 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AHMED, QASIM 827 SNELL ISLE BOULEVARD NE ST. PETERSBURG, FL	Name Qasim Ahmed Street Address (P.O. Box Number is Not Acceptable) 9002 Copeland Road City Tampa FL Zip Code 33637

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 [signature] Qasim Ahmed 4/30/06
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	ED AHMED, QASIM 3880 34TH AVENUE S., #E SAINT PETERSBURG, FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Qasim Ahmed 9002 Copeland Road Tampa, FL 33637	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AHMAD, NADIYAH 3880 34TH AVENUE S., #E SAINT PETERSBURG, FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Nadiyah Ahmad 9002 Copeland Road Tampa, FL 33637	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Qasim Ahmed 4/30/06 727-867-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #