

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2006
Secretary of State**

DOCUMENT# N04000000015

Entity Name: MASOOD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

112 LEGEND LAKE DR
PANAMA CITY BEACH, FL 32107

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27787
PANAMA CITY, FL 32411

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PRE () Delete
Name: MASOOD, SOHAIL PRESID
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

Title: SEC () Delete
Name: MASOOD, MONA SECRET
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

Title: DIR () Delete
Name: MOUBAYAD, MAHER DIRECT
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

Title: DIR () Delete
Name: OBID, HIND DIRECT
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

Title: DIR () Delete
Name: BROWN, MATTHEW G DIRECT
Address: 8105 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: TRE () Delete
Name: MASOOD, ASLAM TREAS
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TRE (X) Change () Addition
Name: MASOOD, MONA TREAS
Address: 112 LEGEND LAKE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32107

I hereby certify that the information supplied with this filing does not qualify for the 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: SOHAIL MASOOD

PRE

04/10/2006

Electronic Signature of Signing Officer or Director

Date