2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N04000000015

1. Entity Name

MASOOD FAMILY FOUNDATION, INC.



Principal Place of Business

2433 THOMAS DRIVE

PMB 159

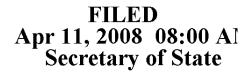
PANAMA CITY, FL 32408

Mailing Address

2433 THOMAS DRIVE

PMB 159

PANAMA CITY, FL 32408





04022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-0762494

Applied For Not Applicable

5960946

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| SIGNATURE | and the second second control of the second | ad Agent signature required when reinstating) | DATE |
|---|---|---|---|
| | Filling Fee is \$61.25 Due by May 1, 2008 Proposition of the contribution of the cont | ncing \$5.00 May Be | |
| 10. | OFFICERS AND DIRECTORS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PRE MASOOD, SOHAIL PRESID 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32408 | U00000892988 04/23/08-80088-004 70.00 DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC MASOOD, MONA SECRET 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32408 | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | TRE MASOOD. MONA TREAS 112 LEGEND LAKE DRIVE PANAMA CITY BEACH, FL 32408 | | |
| NAME STREET ADDRESS CHY-ST-ZIP | · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | 3 | and any control of the second |
| 12. Thereby certify that the information supplied with this filling 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 empoyered 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. | | | |

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