2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002378

Title:

Name:

Address:

City-St-Zip:

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KERMALLI, SHELINA MRS.

1396 THIRD STREET

WHITEHALL, PA 18052

FILED Mar 26, 2007 Secretary of State

Entity Name: UNITED MUSLIM FOUNDATION INC.						
Current Pri	incipal Place	of Business:	New Prince	New Principal Place of Business:		
P O BOX 952934 LAKE MARY, FL 327952934				3231 REGAL CREST DRIVE LONGWOOD, FL 32779		
Current Ma	iling Addres	ss:	New Maili	New Mailing Address:		
P O BOX 952934 LAKE MARY, FL 327952934						
FEI Number: 2	20-0892869	FEI Number Applied For ()	FEI Number Not Appl	icable () C	ertificate of Status Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	UMA L CREST DR DD, FL 32779					
The above r in the State		submits this statement for the pu	rpose of changing i	ts registered offic	e or registered agent, or both,	
SIGNATUR						
	Electror	nic Signature of Registered Agen	t	Date		
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () VIRJI, NAUSHA 3231 REGAL C LONGWOOD, F	REST DR.	Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	
Title: Name: Address: City-St-Zip:	D () VIRJI, MASUMA 3231 REGAL C LONGWOOD, F	REST DR.	Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	ABDULRAZAK,	T COVE RD. APT 203	Title: Name: Address: City-St-Zip:	ABDULRAZAK, AH	R TERRACE APT # 105	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NAUSHAD VIRJI 03/26/2007 D

() Change () Addition