

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90117 045 ****61.25

| | | | |
|---|---------|--|---------|
| DOCUMENT # N04865 | | | |
| 1. Entity Name IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC. | | | |
| Principal Place of Business 12515 WOOD LEA RD TAVARES FL 32778 | | Mailing Address 12515 WOOD LEA RD TAVARES FL 32778 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/05)

| | | | | | |
|--|--|--|--|--|----------|
| 4. FEI Number 59-2462018 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAZUJI, MOHAMED K 12515 WOOD LEA DR TAVARES FL 32778 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL | | Zip Code |

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 M.K. Mazuji, M.D. DATE 02/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| | | | |
|---|--|------------------------------------|--|
| FILE NOW - FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | PTD MAZUJI, MOHAMMAD K 12515 WOODLEA RD TAVARES FL 32770 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PITD KARIM MOGHARI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 ALEXANDRIA WOODS DR DEBARY FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOHAMAD, HAMZEHOUI 885 VICTORIA TERRACE ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VID MOHAMAD R. HAMZEHL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 885 VICTORIA TERRACE ALTAMONTE SPRINGS FL 32701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KARIM, MOGHARI 106 ALEXANDRIA WOODS DR. DEBARY FL 32713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TID MAZUJI, MOHAMMAD K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12515 WOODLEA RD TAVARES FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JAVAHARI, ALI 522 WILLINGHAM PLACE LAKE MARY FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DJH Dj Hossein Makhzoum <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 116 Springhurst Ct LAKE MARY FL 32744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEHNAM, BEHBOUD 940 WESSON DR. CASSELBERRY FL 32707 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DJAV DJAVAHARI ALI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 522 WILLINGHAM PL LAKE MARY FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DI DI BEHNAM BEHBOUD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 694 VENTURA CT WINTER SPRINGS FL 32708 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M.K. Mazuji, M.D. MOHAMMAD K MAZUJI TD 343-6887 352