2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90290 013 ****61.25

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03052006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000000130

1. Entity Name
MASJID AL-AMIN, INC.

Principal Place of Business	Mailing Address
11349 S. ORANGE BLOSSOM TRAIL B-110 ORLANDO, FL 32837	11349 S. ORANGE BLOSSOM TRAIL B-110 ORLANDO, FL 32837

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 52-2448324 — 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, SHAMSUL 11349 S. ORANGE BLOSSOM TRAIL B-110 ORLANDO, FL 32837	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 _____
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 P NAME AHMED, SHAMSUL STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME ZAYNAL CHOUDHURY STREET ADDRESS 11440 KENELEY CIR CITY-ST-ZIP Orlando, FL 32824	☐ Change ☒ Addition
TITLE VP NAME CHOUDHURY, ZAYNAL STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME KIBRIA FARHAD STREET ADDRESS 11349 SOBT #B110 CITY-ST-ZIP Orlando, FL 32837	☐ Change ☒ Addition
TITLE S NAME CHOWDHURY, GULAM STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME MOHAMMED CHOUDHRY STREET ADDRESS 11349 SOBT #B110 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE DIR. NAME AHMED, SHAHIDUL STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME JAVED LODHI STREET ADDRESS 11349 SOBT #B110 CITY-ST-ZIP Orlando, FL 32837	☐ Change ☒ Addition
TITLE DIR. NAME ALI, RAMADAN STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME MASUD SAYED AHMED STREET ADDRESS 12001 ROMEN CT. CITY-ST-ZIP Orlando, FL 32837	☐ Change ☒ Addition
TITLE DIR. NAME HAQUE, SIRAJUL STREET ADDRESS 11349 S.O.B.T. SUITE B-110 CITY-ST-ZIP ORLANDO, FL 32837	☒ Delete	TITLE NAME SHAMSUL AHMED STREET ADDRESS 2232 BAY VEDF DR. CITY-ST-ZIP Orlando, FL 32837	☐ 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: _____ 4/6/06 407-970-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #