2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
02-27-2007 90007 016 ***150.00

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 - No P.O. Box #	3. Mailing Address
4112 PECHWOOD DR.	4112 PECHWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARLINGTON, TX	City & State: ARLINGTON, TX
Zip: 76016 Country: USA	Zip: 76016 Country: USA

1st MOORE CR2E037 (10/06)

4. FEI Number: 52-3448324 ☐ 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
SHAMSUL I. AHMED 2232 BAY LEAF DR. ORLANDO, FL 32837-5905	Name: SHAMSUL I. AHMED Street Addr: 2232 BAY LEAF DR. City: ORLANDO, FL 32837-5905 Zip Code: 76016

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

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHOUDHURY, ZAYNAL 11480 KENELEY CIR ORLANDO FL 32824	☒ Delete	TITLE P NAME SHAMSUL AHMED, STREET ADDRESS 4112 PECHWOOD DR. CITY-ST-ZIP ARLINGTON, TX 76016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FARHAD, KIBRIA 11349 803T, # B 110 ORLANDO FL 32827	☒ Delete	TITLE S NAME JAVED AHMED, STREET ADDRESS 936 WHITE DOVE DR. CITY-ST-ZIP ARLINGTON TX 76017	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHOUDHURY, MOHAMMED 11349 803T, # B 110 ORLANDO FL 32837	☒ Delete	TITLE VP NAME MOHAMMED J. AHMED, STREET ADDRESS 936 WHITE DOVE DR. CITY-ST-ZIP ARLINGTON, TX 76017	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. LODHI, JAVED 11349 803T, B 110 ORLANDO FL 32837	☒ Delete	TITLE T NAME MOHAMMED A. ISLAM STREET ADDRESS 4112 PECHWOOD DR. CITY-ST-ZIP ARLINGTON TX 76016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. AHMED, MASUD S 12001 ROMEN CT ORLANDO FL 32837	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR AHMED, SHAMSUL 2232 BAY LEAF DR ORLANDO FL 32837	☒ Delete	TITLE NAME SHAMSUL AHMED STREET ADDRESS 4112 PECHWOOD DR. CITY-ST-ZIP ARLINGTON, TX 76016	☐ Change ☑ Addition

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: _____ 3/18/07 407-970-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #