2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001039

Entity Name: AMIRA OFFICE PARK ASSOCIATION, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9857-5 ST AUGUSTINE ROAD 9857 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32257

SUITE 5

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

9857-5 ST AUGUSTINE ROAD 9857 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32257

SUITE 5

JACKSONVILLE, FL 32257

FEI Number: 20-2649669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EL-HASSAN, MARC MAJED EL-HASSAN, MARC M 9857-5 ST AUGUSTINE ROAD 9857 OLD ST AUGUSTINE ROAD

JACKSONVILLE, FL 32257 SUITE 5 JACKSONVILLE, FL 32257 US

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.

SIGNATURE: MARC MAJED EL HASSAN 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

EL-HASSAN, MARC MAJED EL-HASSAN, MARC M Name: Name: 9857-5 ST AUGUSTINE ROAD Address: 9857-5 OLD ST AUGUSTINE ROAD Address:

City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Delete Title: () Change () Addition

EL-HASSAN, MAJED Name: Name: Address: 9857-5 ST AUGUSTINE ROAD Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

HASSAN, ANDREW M Name: Name: 9857-5 ST AUGUSTINE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARC MAJED EL HASSAN PD 04/30/2007