


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90104 039 ****61.25

DOCUMENT # N05000006766		
1. Entity Name ISLAMIC CENTER OF PALM BEACH, INC.		

Principal Place of Business 5270 TRAVELERS WAY PALM BCH GARDENS, FL 33418	Mailing Address 5270 TRAVELERS WAY PALM BCH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address P.O. Box 30684
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33420	Country U.S.A.

6. Name and Address of Current Registered Agent	
SHARIFF, ADNAN 155 SPOONBILL CT. JUPITER, FL 33488	

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAM, MANSOOR 104 EGRET DR. JUPITER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAKLI, MURTAZA 5270 TRAVELERS WAY PALM BEACH GARDENS, FL. 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJIKHAN, ZAREEN 5237 DESERT VIXEN PALM BCH GARDEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALAM, MANSOOR 104 EGRET DRIVE JUPITER, FL. 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IQBAL, TARIQ 13218 86TH RD. N. W. PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H HOSSAIN, RUBINA 8116 BAUTISTA WAY PALM BEACH GARDENS, FL. 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKLI, MURTAZA 5270 TRAVELERS WAY PALM BCH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALI, MUHAMMAD 106 ALEGRIA WAY PALM BEACH GARDENS, FL. 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKLI, RUBINA 5270 TRAVELERS WAY PALM BCH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, MUHAMMAD 224 LONE PINE DR. PALM BCH GARDENS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Smurtaza Kakli 4-18-06 (561)622-5031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #