2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012249

FILED Jun 17, 2009 Secretary of State

Entity Name: ISLAMIC SOCIETY LEADING AMERICAN MUSLIMS, INC.

Current Principal Place of Business: New Principal Place of Business: 532 SUMMERWOOD DRIVE MINNEOLA, FL 34715 **Current Mailing Address: New Mailing Address:** 532 SUMMERWOOD DRIVE MINNEOLA, FL 34715 FEI Number: 26-1912362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYKES, ABDURRAHMAN Y 532 SUMMERWOOD DRIVE MINNEOLA, FL 34715 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SYKES, ABDURRAHMAN Name: Name: 532 SUMMERWOOD DRIVE Address: Address: City-St-Zip: MINNEOLA, FL 34715 City-St-Zip: Title: SD (X) Delete Title: () Change () Addition Name: RAWLERSON, ANDRE Name: Address: 5721 ESTANCIA DRIVE #3225 Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: (X) Delete Title: () Change () Addition FARMER, MAISOON Name: Name: Address: 2715 PARKLAND DR. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SEHGAL, SHAHAB Name: 9624 CAMBERLEY CIRCLE Address: Address: ORLANDO, FL 32822 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HABIB, BOBBY Name: Name: 12831 CRAGSIDE LANE Address: Address: City-St-Zip: WINDEMERE, FL 34786 City-St-Zip: Title: (X) Delete Title: () Change () Addition HABIB. SHANEEZA Name: Name: Address: 12831 CRAGSIDE LANE Address: WINDEMERE, FL 34786 City-St-Zip: 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: ABDURRAHMAN SYKES P 06/17/2009