

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09616

FILED
Mar 09, 2005
Secretary of State

Entity Name: INSTITUTE OF ISLAMIC MEDICINE FOR EDUCATION AND RESEARCH, INC.

Current Principal Place of Business:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

New Principal Place of Business:

Current Mailing Address:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

New Mailing Address:

FEI Number: 59-3034544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYALI, OSAMA CPA
7628 N. 56TH STREET, SUITE 2
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

KAYALI, OSAMA CPA
7628 N. 56TH STREET, SUITE 2
TAMPA, FL 33617 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: OSAMA KAYALI

03/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MOSTAFA, ABDEL MONEM,
Address: 46319 STRATTON TERRACE, #102
City-St-Zip: STERLING, VA 20165 US

Title: SD () Delete
Name: ELKADI, IMAN
Address: 20453 CHESAPEAKE SQUARE, # 103
City-St-Zip: STERLING, VA 20165 US

Title: D () Delete
Name: EL-MENSHAWI, ALI DR
Address: 2749 RAINBOW SPRINGS LANE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IMAN A. ELKADI

SD

03/09/2005

Electronic Signature of Signing Officer or Director

Date