
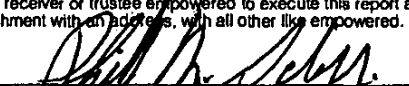


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90231 018 \*\*\*\*61.25

<b>DOCUMENT # N21418</b> 1. Entity Name <b>AZAN TEMPLE HOLDING CORPORATION, INC.</b>					
Principal Place of Business <b>1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935</b>			Mailing Address <b>1591 W. EAU GALLIE BLVD. MELBOURNE, FL 32935</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2825113</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SABELLI, PHILLIP M.</b> <b>1591 W EAU GALLIE BLVD</b> <b>MELBOURNE, FL 32935</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MAYNARD, JOHN</b> <b>1128 SLEEPY HOLLOW ROAD</b> <b>MELBOURNE, FL 32901</b>	<input 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	<b>DP</b> <b>BUNCH, GEORGE</b> <b>7 WINDJAMMER PT</b> <b>MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIVERS, DENARD</b> <b>46 PLANTATION DR #104</b> <b>VERO BEACH, FL 32966-7972</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR</b> <b>SABELLI, PHILLIP</b> <b>272 SANDY RUN</b> <b>MELBOURNE, FL 32940</b>	<input 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	<b>D</b> <b>GOFF, JOHN</b> <b>3520 OAKHILL DRIVE</b> <b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GOFF, JOHN</b> <b>3520 OAKHILL DRIVE</b> <b>TITUSVILLE, FL 32780</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEBAETS, DARYL</b> <b>419 MAIN ST</b> <b>TITUSVILLE, FL 32796</b>	<input 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	<b>D</b> <b>MARVIN, DONALD</b> <b>4065 DIANTHUS LANE</b> <b>TITUSVILLE, FL 32796</b>	<input 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.					
<b>SIGNATURE:</b> 			<b>PHILLIP M. SABELLI</b> 1/11/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <span style="float: right;">321-259-5302</span> <small>Daytime Phone #</small>		