

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 27, 2006
Secretary of State**

DOCUMENT# N44019

Entity Name: SAHARA FUND, INC.

Current Principal Place of Business:

2101 CORPORATE BLVD
STE 107
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2101 CORPORATE BLVD
STE 107
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0271304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPHER, RICHARD A ESQ.
TESCHER GUTTER CHAVES JOSEPHER RUBIN RUFFI
2101 CORPORATE BLVD STE 107
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SMITH DE CHERIF, TERESA
Address: 224 HERMOSA DR SE
City-St-Zip: ALBUQUERQUE, NM 87108

Title: VD () Delete
Name: CHERIF, AHMED A
Address: 520 MIDDLE RIVER DR
City-St-Zip: FT LAUDERDALE, FL 33304

Title: SD () Delete
Name: KNIGHT, JAMES
Address: 385 GORECREEK DR #AZ
City-St-Zip: VAIL, CO 81657

Title: TD () Delete
Name: SMITH, MAUREEN L
Address: 520 MIDDLE RIVER DR
City-St-Zip: FT. LAUDERDALE, FL

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:

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 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: MAUREEN SMITH

TD

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date