2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90080 048 ****61.25

DOCUMENT # N44098

1. Entity Name
UNIVERSAL ACADEMY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6801 ORIENT ROAD TAMPA, FL 33610	6801 ORIENT ROAD TAMPA, FL 33610

01062006 Chg-NP CR2E037 (11/05)

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 59-3119396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KASSEM, GAMAL 6801 ORIENT ROAD TAMPA, FL 33610	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NIMER, MAHMOUD DR 5040 WILLOW OAK ROAD LANE SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(12) ABDUL SALAM KHALIL 13442 RUDI LOOP SPRING HILL, FL 34609 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KASSEM, GAMAL 635 RAPID FALLS DR BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOHAMMAD KASTI USF/12001 BRUCE B. DOWNS MDC2 TAMPA, FL 33612-4799 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAMSI, ZIAUDDIN DR 18138 LONGWATER RUN DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMAD TARABISHY 4215 RIVER BIRCH DR. SPRING HILL, FL 34607 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHMALJI, GHIATH 7304 ROYAL OAK DRIVE SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHMALJI, GHIATH 4928 AYRSHIRE DR. SPRING HILL, FL 34609 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HYE, HASSAN 5002 LANCDALE WAY TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOHAMMAD JOUD 3382 ST. IVES BLVD. SPRING HILL, FL 34609 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKMAN, RAHMAN 10549 CORY LAKES DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALEH MUBARAK 10228 BLOOMFIELD HILLS DR. SEFFNER, FL 33584 — ☐ Change ☒ 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: Gamal Kassem 1-6-06 813-833-0692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #