


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90035 026 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N94000000600</b> 1. Entity Name <b>THE ISLAMIC SOCIETY OF SARASOTA AND          BRADENTON, INC.</b>	
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Principal Place of Business <b>4350 N. LOCKWOOD RIDGE RD.          SARASOTA, FL 34234</b>	Mailing Address <b>P.O. BOX 50294          SARASOTA, FL 34232</b>
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50027162



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01252005 Chg-NP CR2E037 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>65-0469038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional          Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>KHAN, ADRIS H          4350 N LOCKWOOD RIDGE RD          SARASOTA, FL 34234</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 reappointing)

<b>Filing Fee is \$61.25          Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be          Added to Fees</b>	<b>Make check payable to          Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KHAN, ADRIS H
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Delete
NAME	SWWAITY, HAIEL
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Delete
NAME	HYTHAM, BAKR
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Delete
NAME	KHATIB, SAMIR Y
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	TD <input type="checkbox"/> Delete
NAME	MOUSSA, SOLIMAN H
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	S <input type="checkbox"/> Delete
NAME	BAIG, MOHAMMAD
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FATMI, ASHFAQ A.
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHMED, MOINUDDIN
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMANI, ABDEL HAMID
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAMED, HASSANA
STREET ADDRESS	4350 N LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	IMAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALEM, MOHAMED A.
STREET ADDRESS	4350 N. LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Adris Khan 2/25/05 944 322 8170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #