


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90007 018 ****70.00

DOCUMENT # N95000006007 1. Entity Name COMMUNITY EDUCATION CENTER, INC.			
Principal Place of Business 16940 LIVINGSTON AVE LUTZ, FL 33549		Mailing Address C/O HUSAIN NAGAMIA 500 VINDERBURG SUITE 203E BRANDON, FL 33511	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>c/o Shaheen Fida</i> Suite, Apt. #, etc. <i>2365 Haddon Hall Pl</i>	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764	Country -	4. FEI Number 59-3349035	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAMBLEE, JOHN J JR. 202 CARDY STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name <i>Shaheen Fida</i> Street Address (P.O. Box Number is Not Acceptable) <i>2365 Haddon Hall Pl</i> City <i>Clearwater</i> FL <i>33764</i>	
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 <i>Shaheen Fida</i> 2.24.06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D AHMAD, RAZIA 4678 SAN PALO COURT LAKE LAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FIDA, SHAHEEN 2365 HADDON HALL PL CLEARWATER FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUKHARI, ALTA FHUSEN 2204 IVY LANE TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AFRIDI, SALIM 3004 BARRETT AVE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, SHAHEEN FIDA 2365 HEDDON HALL PLACE CLEARWATER, FL 34623	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NAGAMIA, HUSSAIN 94 MARTINIQUE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFQAT, FAROGI 18126 LONGWATER RUN DR TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KHAN, WALI 11310 GRANDVIEW DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, ZAHEER AHMAD 2101 COUNTRY CLUB COURT PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CHOWDHARI, SHOUKAT 5818 N 202 DR TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFEEZ, JAVED 6103 MARBELLA BLVD APOLLO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAKEM, FARZANA 1802 COUNTRY CLUB CT PLANT CITY, FL 33567
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: <i>Shaheen Fida</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2.24.06</i> Daytime Phone # <i>727-709 2364</i>	

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