2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N96000000169

Entity Name: ASSALAM CENTER, INC.

Current Principal Place of Business:

21218 ST. ANDREWS BLVD, UNIT #147
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21218 ST. ANDREWS BLVD, UNIT #147
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0638062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELHASSAN, SAIFELDEAN
1545 SW 14TH STREET
BOCA RATON, FL 33486 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: MAHGOUB, IMAD
Address: 2663 NW 40TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: COLUCCI, RAY
Address: 21042 VIA EDEN
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete
Name: IBRAHIM, NAZIH
Address: 10963 BAL HARBOR DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: ELHASSAN, SAIFELDEAN
Address: 1545 SW 14TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: MAZOUZ, ABDELKADER
Address: 11190 HARBOUR SPRINGS CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: DT ( ) Delete
Name: HAMADE, WISSAM
Address: 9173 TIVOLI PLACE
City-St-Zip: BOCA RATON, FL 33434

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:

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: ELHASSAN SAIFELDEAN D 04/26/2006

Electronic Signature of Signing Officer or Director — Date