2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005775

FILED Apr 28, 2007 Secretary of State

Entity Name: ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.

Current Pi	rincipal Place		New Principal Place of Business:					
	E ROAD 54 T RICHEY, FL	34652 US		4715 GRAN NEW POR	ND BLVD T RICHEY, F	FL 34652	US	
Current Mailing Address:				New Mailing Address:				
	E ROAD 54 T RICHE Y, FL	346526049 US		4715 GRAN NEW POR	ND BLVD T RICHE Y,	FL 346526	049 US	
FEI Number:	59-3416394	FEI Number Applied	d For () FEI Nu	mber Not Appl	icable ()	Certificat	e of Status Desired ()	
Name and	Address of C	urrent Registered	Agent:	Name and	Address of	New Regi	stered Agent:	
	BDUR T SHORE DR. T RICHEY, FL	34652 US						
	named entity s of Florida.	ubmits this stateme	ent for the purpose o	of changing it	ts registered	office or re	gistered agent, or both,	
SIGNATUF	RE:							
	Electroni	c Signature of Reg	istered Agent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () RAHIM, A 5749 WEST SHO NEW PORT RIC			Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	ST () ZAKI, KHAJA 5041 WEST SH NEW PORT RIC			Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	SD () MUGHNI, MOHA 7940 CALIDRA NEWPORTRICH	CT		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D () KADIWALA, M U 1923 GULF VIEV HOLIDAY, FL 3	N DRIVE		Title: Name: Address: City-St-Zip:	D (VAHORA, PA 7333 ISLAND HUDSON, FL	ER LANE) Addition	
Title: Name: Address: City-St-Zip:	D () FARRUKH, ZAID 8547 TRASHER NEW PORT RIC	СТ		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D () QUADIR, ARIF 1789WOOD HE. TARPON SPRIN			Title: Name: Address: City-St-Zip:	D (SIAL, MASOO 9700 RIVERS NEWPORT R	SIDE DRIVE		
			with this filing doos					

I hereby certify that the information supplied with this filing does not qualify 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: KHAJA ZAKI ST 04/28/2007