2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005404

Entity Name: THE IRANIAN AMERICAN SOCIETY, INC.

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5763 WOODCLIFF ROAD PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

P.O BOX 10541 DAYTONA BEACH, FL 321200541

FEI Number: 59-3475379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KESHVARI, PARVIZ 5763 WOODCLIFF ROAD PORT ORANGE, FL 32127 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition
Name: KESHVARI, PARVIS Name: KESHVARI, PARVIZ
Address: 5763 WOODCLIFE ROAD Address: 5763 WOODCLIFE ROAD

Address: 5763 WOODCLIFF ROAD
City-St-Zip: PORT ORANGE, FL 32127

Address: 5763 WOODCLIFF ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete Title: () Change () Addition Name: AFSHARI, SUSAN Name:

Address: 26 AMSDEN RD Address: City-St-Zip: ORMOND BEACH, FL 32172 City-St-Zip:

Title: VPD () Delete Title: PD (X) Change () Addition

 Name:
 ASSAD, FARROKH
 Name:
 ASSAD, FARROKH

 Address:
 755 HORSEMAN DRIVE
 Address:
 755 HORSEMAN DRIVE

 City-St-Zip:
 PORT OTANGE, FL 32127
 City-St-Zip:
 PORT OTANGE, FL 32127

Title: PD () Delete Title: VPD (X) Change () Addition

Name:HOSSEINI, FOROUGHName:RICHEY, FRANKAddress:1116 OXBRIDGE LANEAddress:38 CREEK BLUFF WAYCity-St-Zip:ORMOND BEACH, FL 32174City-St-Zip:ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FARROKH ASSAD PD 03/03/2005