2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# N99000000207

Entity Name: ALBIR ISLAMIC ASSOCIATION, INC.

Current Principal Place of Business:

3496 POLYNESIAN ISLE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

PO BOX 22594
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 59-3598351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAMMAD, BAKER
4111 FOXTAIL CURT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

MOHAMMAD, BAKER
4111 FOXTAIL COURT
KISSIMMEE, FL 34746 US

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: MOHAMMAD BAKER 04/08/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: MOHAMMAD, BAKER
Address: 4111 FOXTAIL ST.
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete
Name: MORCH, ELSAYAD
Address: 13546 FALCON POINT
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: BENCHICH, AHMED
Address: 5318 BEARFOOT BATH
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete
Name: BALFI, NOUREDDINE
Address: 1342 RAINTREE ROAD, #203
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOHAMMAD, BAKER
Address: 4111 FOXTAIL ST.
City-St-Zip: KISSIMMEE, FL 34746

Title: DS (X) Change ( ) Addition
Name: MORCH, ELSAYAD
Address: 13546 FALCON POINT
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition
Name: BENCHICH, AHMED
Address: 5318 BEARFOOT BATH
City-St-Zip: KISSIMMEE, FL 34746

Title: TVD (X) Change ( ) Addition
Name: KATERJI, ABDUL M
Address: 4941 BELLTHORN DRIVE
City-St-Zip: ORLANDO, FL 32837

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: MOHAMMAD BAKER PD 04/08/2006
Electronic Signature of Signing Officer or Director Date