2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 17, 2005 8:00 am Secretary of State

DOCUMENT # N9900000906 1. Entity Name ALKHAIRAT, INC.					06-17-2005 90001 047 ****61.25			
Principal Place of Business Mailing Address 5701 PALM RIVER ROAD 5701 PALM RIVER ROAD TAMPA, FL 33619 TAMPA, FL 33619						ILIN IPIII NAIM NAMS NAIM N		1114 51 2 1 1231
2 Principal P	Roon of Business	3. Mailing Address			_			
2. Principal Place of Business 3. Mailing Address 4.5 above		ı ,						
		Suite, Apt. #, etc.			05062005	Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-37230	096		pplied For ot Applicable	
Zip	Country	Zip	Co	ountry	5. Certificate of	Status Desired	S8.75 Ad	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Reg	gistered Agent	
KAHEEL, MAHMOUD 5701 PALM RIVER ROAD				Street Addres	s (P.O. Box Number is Not Acceptable)			
TAMPA, FL 33619								
				City	FL Zip Code			
	named entity submits this statement flions of registered agent.					in the State of Florid		, and accept
	Signature, typed or printed name of registered ager	it and the it applicable. (No	TIE: Hegisten	ed Agent signature requ	ired when reinstating)		DATE	
, D	Filing Fee is \$61.25 ue by September 7, 2005	9. Election C Trust Func	ampaign l	Financing	\$5.00 May Be Added to Fees		ke check payable to be check payable to be check payable to be compared to be com	
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12. I nereby certify that the information supplied with this liling does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-05 813-623-6442