

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 17, 2008
Secretary of State

DOCUMENT# N99000000906

Entity Name: ALKHAIRAT, INC.

Current Principal Place of Business:1904A W KENNEDY BLVD.
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 17090
TAMPA, FL 33682**New Mailing Address:**5701 PALM RIVER RD,
TAMPA, FL 33619

FEI Number: 59-3723096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ATTIA, ALAA
1307 N.W. B STREET
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**KAHEEL, MAHMOUD
5701 PALM RIVER RD.
TAMPA, FL 33619 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: MAHMOUD KAHEEL

02/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: KAHEEL, MAHMOUD
Address: 5701 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619Title: T () Delete
Name: YASSIN, AHMAD
Address: 4209 1/2 WEST NORTH A ST #1
City-St-Zip: TAMPA, FL 33609Title: O () Delete
Name: SHERIF, SADEK
Address: 6746 MONARCH PARK DR.
City-St-Zip: TAMPA, FL 33572Title: O () Delete
Name: BAWI, NASSER
Address: 1100 SATINLEAF ST
City-St-Zip: HOLLYWOOD, FL 33019Title: S () Delete
Name: ATTIA, ALAA
Address: 17108 CARRINGTON PK DR #717
City-St-Zip: TAMPA, FL 33647Title: O () Delete
Name: GARBAJ, SALA
Address: 13123 KINGS CROSSING DR.
City-St-Zip: GIBSONTOWN, FL 33534**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: KHOSROWABADI, AHMID
Address: 11415 CAPTIVA DR.
City-St-Zip: RIVERVIEW, FL 33569Title: O (X) Change () Addition
Name: AHMED, MOHAMED
Address: 4310 W. NORTH B. ST
City-St-Zip: TAMPA, FL 33609Title: O (X) Change () Addition
Name: ANAJI, JAMAL
Address: P.O. BOX 2131
City-St-Zip: BRANDON, FL 33509Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAHMOUD KAHEEL

D

02/17/2008

Electronic Signature of Signing Officer or Director

Date