## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000065331  1. Entity Name SAHARA INC.							O6 JAN	-3 PM				
		Aailing Address SAHARA, INC.				SECRETARY OF STATE FALLAHASSEE, FLORIDA						
		2415 N. MONROE ST. FC-5 TALLAHASSEE, FL 32303 US			 		IM <b>ABOR BOLES H</b>	 	<b></b>			
2. Principal P	Place of Business 3	Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01032006	Chg-P	CR2E0	)34 (11/05)			
City & State		City & State			4. FEI Number 59-3657071				oplied	l For plicable		
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name and Address of Current Reg	istered Agent				7. Name and	Address of New F		<u>*</u>			
ALSIRO, WAEL					Name							
6509 DAM	IASCUS CT SSEE, FL 32308		Street Address			s (P.O. Box Number is Not Acceptable)						
	<b>,</b>											
			City					FL				
	named entity submits this statement for the tions of registered agent.	e purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Fl	orida. 1 am	familiar with,	and	accept	
SIGNATURE.	Signature, typed or printed name of registered agent and the	itle if applicable. (NOTE	: Registere	d Agent signati	re required	when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campais Trust Fund Contr		icing		.00 May Be ed to Fees						
10.	OFFICERS AND DIRECTORS					ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTOR	SIN	11	
TITLE NAME	D ALSIRO, WAEL	☐ Delete	Delete TITLE						Change		Addition	
STREET ADDRESS CITY-ST-ZIP	6509 DAMASCUS CT		STREET.			5. 01704	000626 1/0601062	3856 '009	53 <b>6</b> **158.	. 75		
TITLE	TALLAHASSEE, FL 32308  D		TITLE		D				☐ Change		Addition	
NAME	HUSSEIN, AHMAD		NAM		Ďα	rin Al	Lsirou	1	_ ,			
STREET ADDRESS CITY-ST-ZIP	3720 FORSYTHE WAY TALLAHASSEE, FL 32309			et address •St-Zip	267	o Bold	win Dr.S	ocuth 109	(			
TITLE	☐ Delete		TITLE			, 4(	<u> </u>	2	☐ Change		Addition	
NAME STREET ADDRESS			NAM( STRE	E et address								
CITY-ST-ZIP			CITY-	-ST-ZIP								
TITLE NAME		☐ Delete	TITLE						☐ Change		Addition	
STREET ADDRESS			4	ET ADDRESS								
CITY-ST-ZIP		Delete	CITY-	-ST-ZIP					☐ Change		Addition	
NAME		Li Delete	NAME						Grange		Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-Zip								
TITLE	☐ Delete		TITLE						☐ Change		Addition	
NAME STREET ADDRESS			NAME	e Et address								
CITY-ST-ZIP				-ST-ZIP								
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or trustee empower, or on an attachment with an address, with	e and accurate and that m red to execute this report a	ny signat as requir	ture shall h	ave the s	same legal effec	as if made under	oath; that I a	am an officer	r or d	rector	
SIGNAT	URE:	(A)	7	<i>رج</i> ڙ	ro		1/3/01	6				
J.J.IA	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER O	OR DIRECT	OR			Date	Г	Daylime Phone #		 	
										,	4	

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