
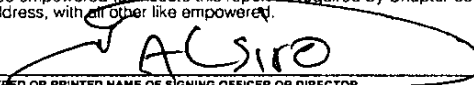


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN -9 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000065331			
1. Entity Name SAHARA INC.			
Principal Place of Business SAHARA, INC. 2415 N. MONROE ST. FC-5 TALLAHASSEE, FL 32303 US		Mailing Address SAHARA, INC. 2415 N. MONROE ST. FC-5 TALLAHASSEE, FL 32303 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01092007 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-3657071	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALSIRO, WAEL 6509 DAMASCUS CT TALLAHASSEE, FL 32308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSIRO, WAEL	NAME	100084736951
STREET ADDRESS	6509 DAMASCUS CT	STREET ADDRESS	01/17/07--01014--008 **150.00
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-SIROA, INSAF	NAME	
STREET ADDRESS	3034 FEENEY CT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 empowerments.			
SIGNATURE: 		Date: 1/09/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	