

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000114943

1. Entity Name
FEHM INC.



**FILED
Mar 17, 2006 8:00 am
Secretary of State**

03-17-2006 90120 040 ***150.00

80

Principal Place of Business
C/O NRS ACCOUNTING SERVICES INC.
100 HILLSIDE AVENUE
WILLISTON PARK, NY 11596

Mailing Address
C/O NRS ACCOUNTING SERVICES INC.
80 100 HILLSIDE AVENUE
WILLISTON PARK, NY 11596

2. Principal Place of Business

3. Mailing Address

60 NRS ACCOUNTING SERVICES INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

80 HILLSIDE AVE

City & State

City & State

WILLISTON PARK NY

Zip

Zip

Country

11596

Country

03112006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0553461

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUKHI, SAJJAD
116 HIGHLINE DRIVE SUITE A
LONGWOOD, FL 32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SAJJAD, MUKHI
STREET ADDRESS 116 HIGHLINE DR., STE. A
CITY-ST-ZIP LONGWOOD, FL 32750

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE VP
NAME MIYANJI, MASJAN
STREET ADDRESS 116 HIGHLINE DR., STE. A
CITY-ST-ZIP LONGWOOD, FL 32750

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

407.332.8888

Date

Daytime Phone #