

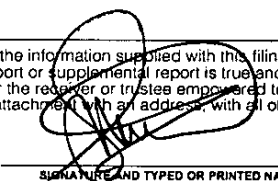


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-17-2006 90120 040 ***150.00

DOCUMENT # P01000114943					
1. Entity Name FEHM INC.					
Principal Place of Business C/O NRS ACCOUNTING SERVICES INC. 155 HILLSIDE AVENUE WILLISTON PARK, NY 11596			Mailing Address C/O NRS ACCOUNTING SERVICES INC. 155 HILLSIDE AVENUE WILLISTON PARK, NY 11596		
2. Principal Place of Business		3. Mailing Address C/O NRS ACCOUNTING SERVICES INC.		 03112006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 80 HILLSIDE AVE			
City & State		City & State WILLISTON PARK NY		4. FEI Number 01-0553461	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 11596		Country			
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		
			State 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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P SAJJAD, MUKHI 116 HIGHLINE DR., STE. A LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MIYANJI, MASJAN 116 HIGHLINE DR., STE. A LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 			Date: 3/17/06 Daytime Phone #: 407.332.8888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					