2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 041 ***150.00

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1. Entity Name
FEHM INC.

Principal Place of Business	Mailing Address
C/O NRS ACCOUNTING SERVICES INC. 105 HILLSIDE AVENUE WILLISTON PARK, NY 11596	C/O NRS ACCOUNTING SERVICES INC. 80 HILLSIDE AVE WILLISTON PARK, NY 11596

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O NRS ACCOUNTING SERVICES INC	
Suite, Apt. #, etc.: 80 HILLSIDE AVE	Suite, Apt. #, etc.
City & State: WILLISTON PARK NY 11596	City & State
Zip / Country	Zip / Country

01192008 Chg-P CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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 X [signature] 1/22/08
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, 2008 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	☐ Delete
NAME	SAJJAD, MUKHI	
STREET ADDRESS	116 HIGHLINE DR., STE. A	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VP	☐ Delete
NAME	MIYANJI, MASJAN	
STREET ADDRESS	116 HIGHLINE DR., STE. A	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☑ Change ☐ Addition
NAME	SAJJAD MUKHI	
STREET ADDRESS	976 FLORIDA CENTRAL PKWY STE 100	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VP	☑ Change ☐ Addition
NAME	MIYANJI, HASSAN	
STREET ADDRESS	976 FLORIDA CENTRAL PKWY STE 100	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: X [signature] 1/22/08 407-629-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #