


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000116529</b> 1. Entity Name <b>MOHAMED ALLY, INC.</b>	
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Principal Place of Business <b>6013 SW 115TH ST RD OCALA, FL 34476</b>	Mailing Address <b>6013 SW 115TH ST RD OCALA, FL 34476</b>
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>80-0024875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ALLY, MOHAMED 6013 SW 115TH ST RD OCALA, FL 34476</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLY, MOHAMED 6013 SW 115TH ST RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ALLY, BIBI 6013 SW 115 ST RD OCALA, FL 34474
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05/09/07-80075-021 150.00

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:** Bibi Ally **4-25-07** **352-861-9693**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #