

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 022 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000121231 1. Entity Name HATIMCO FIRST, INC.					
Principal Place of Business 94 LAKE DAISY BLVD WINTER HAVEN, FL 33884			Mailing Address 94 LAKE DAISY BLVD WINTER HAVEN, FL 33884		
2. Principal Place of Business 800 Lewis Dr Suite, Apt. #, etc.		3. Mailing Address 800 Lewis Dr Suite, Apt. #, etc.			
City & State Daytona Beach, FL Zip 32117		City & State Daytona Beach, FL Zip 32117		4. FEI Number 01-0561328 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UDAT, IBRAHIM A 94 LAKE DAISY BLVD WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 812 Berkshire RD City Daytona Beach FL Zip Code 32117		
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 <u><i>Ibrahim Oudat</i></u> Ibrahim Oudat president 4-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 UDAT, IBRAHIM A 94 LAKE DAISY BLVD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UDAT, IBRAHIM A 812 Berkshire RD Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bassam AL Khateeb 6 Creek Bluff Way Ormond Beach, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Ibrahim Oudat</i></u> Ibrahim Oudat/president 4-10-06 252-9995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		