2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P02000037279

Entity Name: HAMSA, INC.

Current Principal Place of Business:

C/O DENIS NAZARETH
27240 BAY LANDING DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

C/O ADEL FEROZ
27240 BAY LANDING DR
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O DENIS NAZARETH
27240 BAY LANDING DR
BONITA SPRINGS, FL 34135

New Mailing Address:

C/O ADEL FEROZ
27240 BAY LANDING DR
BONITA SPRINGS, FL 34135

FEI Number: 74-3038188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENIS NAZARETH
27240 BAY LANDING DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ADEL FEROZ
27240 BAY LANDING DRIVE
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: ADEL FEROZ 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NAZARETH, DENIS
Address: 27240 BAY LAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD (X) Delete
Name: FEROZ, ADEL
Address: 27240 BAY LAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FEROZ, ADEL
Address: 27240 BAY LAND DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEL FEROZ PD 04/20/2009
Electronic Signature of Signing Officer or Director Date