

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087687

Entity Name: KARAM DIN, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

110 EAST BYRD AVENUE
BONIFAY, FL 32425

New Principal Place of Business:

1490 WEEKS STREET
BONIFAY, FL 32425

Current Mailing Address:

110 EAST BYRD AVENUE
BONIFAY, FL 32425

New Mailing Address:

1490 WEEKS STREET
BONIFAY, FL 32425

FEI Number: 28-0566103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISMAIL, AHMAD TARIQ
110 EAST BYRD AVENUE
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

MASOOD, AHMAD
1490 WEEKS STREET
BONIFAY, FL 32425 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: MASOOD AHMAD

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IDREES, MOHAMMED
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: WAHEED, MIAN
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: SD () Delete
Name: ANEES, MOHAMMED
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: TD () Delete
Name: ISMAIL, AHMAD TARIQ
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IDREES, MOHAMMED
Address: 1454 BELLAIRE LANE
City-St-Zip: PALM BAY, FL 32905

Title: VD (X) Change () Addition
Name: WAHEED, MIAN
Address: 1652 BRICKYARD RD.
City-St-Zip: CHIPLEY, FL 32428

Title: SD (X) Change () Addition
Name: ANEES, MOHAMMED
Address: 110 JERNIGON AVE
City-St-Zip: BONIFAY, FL 32425

Title: TD (X) Change () Addition
Name: AHMAD, MASOOD
Address: 1490 WEEKS STREET
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MASOOD AHMAD

AGEN

04/29/2005

Electronic Signature of Signing Officer or Director

Date