

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087687

Entity Name: KARAM DIN, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

1490 WEEKS STREET  
BONIFAY, FL 32425

## New Principal Place of Business:

## Current Mailing Address:

1490 WEEKS STREET  
BONIFAY, FL 32425

## New Mailing Address:

FEI Number: 28-0566103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASOOD, AHMAD  
1490 WEEKS STREET  
BONIFAY, FL 32425 US

## Name and Address of New Registered Agent:

IDREES, MOHAMMAD  
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: MOHAMMAD IDREES

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: WAHEED, MIAN  
Address: 1494 S WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MOHAMMAD IDREES

AGEN

04/30/2006

Electronic Signature of Signing Officer or Director

Date