2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 26, 2006 08:00 AN Secretary of State **BOCUMENT # P02000135652** 1. Entity Name SHAKWAJEEH INC. Principal Place of Business Mailing Address 4726 S. ORANGE BLOSSOM TRAIL 5615 HAMLIN CLOSE ROAD ORLANDO, FL 32839 US DAVENPORT, FL 33896 US 04202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2669274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SALEM, SHAKER R DO NOT WRITE 5615 HAMLIN CLOSE ROAD DAVENPORT, FL 33896 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 H00000534964 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/08/06-80034-004 150.00 10. OFFICERS AND DIRECTORS TITLE NAME SALEM, SHAKER R 5615 HAMLIN CLOSE ROAD STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33896 MLE NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP