


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90108 015 \*\*\*158.75

<b>DOCUMENT # P03000115336</b>	
1. Entity Name MOH "INC"	

Principal Place of Business 694 COTULLA DRIVE PVT KISSIMMEE, FL 34758 US	Mailing Address 694 COTULLA DRIVE PVT 694 COTULLA DRIVE KISSIMMEE, FL 34758 US
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2. Principal Place of Business 911 NAPLES WAY Suite, Apt. #, etc.	3. Mailing Address 911 NAPLES WAY Suite, Apt. #, etc.
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City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
Zip 34758	Country U.S.A
Zip 34758	Country U.S.A



01142006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MOHAMED, MOHAMMED S 694 COTULLA DRIVE PVT KISSIMMEE, FL 34758	
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4. FEI Number 80-0078645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name MOHAMMED S. MOHAMED	
Street Address (P.O. Box Number is Not Acceptable) 911 NAPLES WAY	
City KISSIMMEE	FL
Zip Code 34758	

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 M. S. Mohammed MOHAMMED S. MOHAMED 1/18/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOHAMED, MOHAMMED S 694 COTULLA DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 911 NAPLES WAY KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHAMED, ABUBAKAR S 694 COTULLA DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 911 NAPLES WAY KISSIMMEE, FL 34758
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
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

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. S. Mohammed 1/18/06 (407)346-9058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #