2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90080 045 ***150 00 **DOCUMENT # P03000120069** 1. Entity Name ISHARA, INC 40054380 Principal Place of Business Mailing Address 9401 WESTOAKS MALL 6410 METRO WEST BLVD #24 #1107 ORLANDO, FL 32835 US OCOEE, FL 34761 US 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0343949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AFZAL, MOHAMMAD DO NOT WRITE 6410 METRO WEST BLVD #1107 IN THIS SPACE ORLANDO, FL 32835 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Π Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE AFZAL, MOHAMMAD NAME 6410 METRO WEST BLVD #1107 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 TITLE NAME ALI, JABRAN 6410 METRO WEST BLVD #1107 STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 discord of its crop 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 my hall other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED