


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000004885</b> 1. Entity Name <b>NISSREEN INC.</b>						<b>FILED</b> <b>05 APR 13 PM 2:10</b> TALLAHASSEE, FLORIDA	
Principal Place of Business <b>PO BOX 4171 TALLAHASSEE, FL 32315</b>				Mailing Address <b>PO BOX 4171 TALLAHASSEE, FL 32315</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MASWADEH, BASEM 1916 HARRIET DR TALLAHASSEE, FL FL323-03</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVST MASWADEH, BASEM 1916 HARRIET DR TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>500053929895 05/06/05--01003--005 **150.00</b> <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP MASWADEH, RASHA 1916 HARRIET DR TALLAHASSEE, FL 32303</b> <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			
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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 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 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.							
<b>SIGNATURE:</b> <u>Basem Maswadeh</u> / <b>BASEM MASWADEH</b> <u>4/11/05</u> <u>251-4892</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							