

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000046849</b>		
1. Entity Name <b>T.I.B.T. CORPORATION</b>		
Principal Place of Business <b>3350 SW 137 AVE MIRAMAR, FL 33027 US</b>	Mailing Address <b>P.O. BOX 160516 C/O SALEEM HALEAH, FL 33016 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02122006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>30-0235978</b>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ABDEL-MOTTALEB, MOHAMED S 3350 SW 137 AVE MIRAMAR, FL 33027</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDEL-MOTTALEB, MOHAMED S 3350 SW 137 AVE MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALY, MOHAMED 771 SW 158 LN SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HADROUS, ABDULKADIR A 518 WOODGATE CIRCLE SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>M. Saleem</u> <b>Mohamed Abdel-Mottaleb</b> 2/20/06 (954) 554-2165 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone n</small>		