

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085978

FILED
Jan 15, 2006
Secretary of State

Entity Name: NEWSHA INCORPORATED

Current Principal Place of Business:

290 NARWHAL CT
TALLAHASSEE, FL 31312 US

New Principal Place of Business:

523 MEADOW RIDGE DR
TALLAHASSEE, FL 31312 US

Current Mailing Address:

290 NARWHAL CT
TALLAHASSEE, FL 31312 US

New Mailing Address:

523 MEADOW RIDGE DR
TALLAHASSEE, FL 31312 US

FEI Number: 76-0759809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMMATI, MOSTAFA
290 NARWHAL CT
TALLAHASSEE, FLORIDA, FL 32312 US

Name and Address of New Registered Agent:

HEMMATI, MOSTAFA
523 MEADOW RIDGE DR
TALLAHASSEE, FLORIDA, FL 32312 US

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.

SIGNATURE: MOSTAFA HEMMATI

01/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HEMMATI, MOSTAFA
Address: 290 NARWHAL CT
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HEMMATI, MOSTAFA
Address: 523 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSTAFA HEMMATI

PRES

01/15/2006

Electronic Signature of Signing Officer or Director

Date