## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104699

1. Enfity Name
SHAHANA INC



Principal Place of Business Mailing Address

12895 MCGREGER BLVD FORT MYERS, FL 33919 13315 FIRST STREET FORT MYERS, FL 33905

.....

FILED Apr 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIRECTOR

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1365979

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulted

V239 433 4376

6. Name and Address of Current Registered Agent

SYED, SAMIR B 13315 FIRST STREET FORT MYERS, FL 33905

SIGNATURE: 1

## DO NOT WRITE IN THIS SPACE

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 the B applicable. (NOTE Registered Agent Signature)				a required when rainstaing)	DATE
FILE NOWIII FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees	U00008514608 04/29/06-80177-004 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYED, SAMIR B 13315 FIRST STREET FORT MYERS, FL 33905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR SYED, SHAHANA G 13315 FIRST STREET FORT MYERS, FL 33905				; ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP			·		
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.					