

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121369

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** AMERICAN INSTITUTE FOR FINANCIAL & BUSINESS RESEARCH, INC.

**Current Principal Place of Business:**

10940 N. 56TH STREET  
201  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10940 N. 56TH STREET  
201  
TAMPA, FL 33617

**New Mailing Address:**

4301 E. HILLSBOROUGH AVENUE  
TAMPA, FL 33610

**FEI Number:** 20-1522681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YACOUN, ASHRAF  
10940 N. 56TH STREET  
201  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YACOUN, ASHRAF  
Address: 10940 N. 56TH STREET. SUITE 201  
City-St-Zip: TAMPA, FL 33617

Title: VPD ( ) Delete  
Name: ALRESHAID, EYAD ABDULLAH H  
Address: 10940 N. 56TH STREET. SUITE 201  
City-St-Zip: TAMPA, FL 33617

Title: VPD ( ) Delete  
Name: AL-BALOUSHI, HASSAN A.M.K.  
Address: 10940 N. 56TH STREET. SUITE 201  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ASHRAF YACOUN

RA

04/26/2006

Electronic Signature of Signing Officer or Director

Date