2007 FOR PROFIT CORPORATION

FILED Apr 16, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P04000131090** FSHŚ CORPORATION OF WEST PALM BEACH Principal Place of Business Mailing Address 4535-SHERIDON STREET 11659 WATERBEND COURT HOLLYWOOD, FL 33021 WELLINGTION, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 13-4287418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BHATTI, HAMID B MR Street Address (P.O. Box Number is Not Acceptable) 11659 WATER BEND COURT WELLINGTON, FL 33414 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition BHATTI, HAMID B MR NAME NAME 1/0//00007/06575 STREET ADDRESS 11659 WATERBEND COURT STREET ADDRESS 04/24/07-80041-007 150.00 WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition AHMED, FAROOQ MR NAME NAME STREET ADDRESS 4562 HUNTING TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE SEC Delete TITLE ☐ Change ■ Addition NAME BHATTI, SABIRA S MRS NAME STREET ADDRESS 11659 WATER BEND COURT STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TREA TITLE ☐ Delete □ Change ☐ Addition NAME FAROOQ, SARAH MRS NAME STREET ADDRESS 4562 HUNTING TRAIL STREET ADORESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS

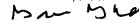
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect 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.

CITY-ST-ZIP

SIG	NI A	TIII	DE.
JIG	INA	I UI	ne:

CITY-ST-7/P

- D



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

Daytime Phone #