


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90285 017 ***150.00

DOCUMENT # P04000172324					
1. Entity Name NAJJAD, INC.					
Principal Place of Business 580 N. WICKHAM RD., #E MELBOURNE, FL 32935			Mailing Address 580 N. WICKHAM RD., #E MELBOURNE, FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DROOR, JONATHAN D 453 BELLA CAMINO WAY INDIATLANTIC, FL 32903				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROOR, NOEL			NAME	
STREET ADDRESS	580 N. WICKHAM RD., #E			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROOR, DARLENE			NAME	
STREET ADDRESS	580 N. WICKHAM RD., #E			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	VPDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROOR, JONATHAN D			NAME	
STREET ADDRESS	580 N. WICKHAM RD., #E			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROOR, JASON R			NAME	
STREET ADDRESS	580 N. WICKHAM RD., #E			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Jon D</u>			Date: <u>4/26/05</u>		Daytime Phone #: <u>321-253-8233</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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04082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2098685 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code