


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000172324 1. Entity Name NAJJAD, INC.	
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Principal Place of Business 580 N. WICKHAM RD., #E MELBOURNE, FL 32935	Mailing Address 580 N. WICKHAM RD., #E MELBOURNE, FL 32935
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2098685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DROOR, JONATHAN D  
 453 BELLA CAMINO WAY  
 INDIATLANTIC, FL 32903

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DROOR, NOEL 580 N. WICKHAM RD., #E MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DROOR, DARLENE 580 N. WICKHAM RD., #E MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT DROOR, JONATHAN D 580 N. WICKHAM RD., #E MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DROOR, JASON R 580 N. WICKHAM RD., #E MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/07-80026-002 150.00

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12. 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.

SIGNATURE: Jonathan D Droor **3-23-07** **321-253-8233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #