

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021825

Entity Name: IMAN INC.

FILED
Jul 17, 2006
Secretary of State

Current Principal Place of Business:

2035 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Principal Place of Business:

2404 N. UNIVERSITY DR.
SUNRISE, FL 33322

Current Mailing Address:

2035 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Mailing Address:

2404 N. UNIVERSITY DR.
SUNRISE, FL 33322

FEI Number: 20-2336673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMDAN, MAHOUD
2035 N. UNIVERSITY DR.
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

HAMDAN, MAHOUD
2404 N. UNIVERSITY DR.
SUNRISE, FL 33322 US

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: HAMDAN,MAHOUD

07/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMDAN, MAHMOUD
Address: 2035 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

Title: DVP () Delete
Name: HAMDAN, AHMAD
Address: 2035 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAMDAN, MAHMOUD
Address: 2404 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

Title: DVP (X) Change () Addition
Name: HAMDAN, AHMAD
Address: 2404 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

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: HAMDAN,MAHMOUD

DP

07/17/2006

Electronic Signature of Signing Officer or Director

Date