## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000047536

Entity Name: JOINED ISLANDS, INC

Address:

City-St-Zip:

21362 OVERSEAS HIGHWAY

CUDJOE KEY, FL 33042

FILED Mar 24, 2009 Secretary of State

|   |  | IOLA (I VIDO), II VO.                               |   |  |  |
|---|--|---|---|--|--|
| Current Principal Place of Business:          |  |   | New Principal Place                         | New Principal Place of Business:             |  |
|   | ERSEAS HIGH<br>KEY, FL 3304  |   |   |  |  |
| Current Mailing Address:                      |  |   | New Mailing Addres                          | New Mailing Address:                         |  |
|   | ERSEAS HIGH<br>KEY, FL 3304  |   |   |  |  |
| FEI Number                                    | : 20-2603260   | FEI Number Applied For ( )                          | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address                            | Name and Address of New Registered Agent:    |  |
| 21362 OVI<br>CUDJOE I                         | MOHAMMED<br>ERSEAS HIGH<br>KEY, FL 3304<br>e named entity<br>e of Florida. | HWAY<br>2 US  | ourpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATUI                                      |  |   |   |  |  |
| Electronic Signature of Registered Agent      |  |   | ent   | Date   |  |
| Election Car                                  | mpaign Financin  | g Trust Fund Contribution ( ).                      |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MANNAN, MOH  | ) Delete<br>IAMMED ABDUL<br>EAS HIGHWAY<br>FL 33042 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | RAHMAN, MOH  | EAS HIGHWAY   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | S (<br>RAHMAN, MOH   | ) Delete<br>HAMMED M                                | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MOHAMMED A RAHMAN P 03/24/2009