
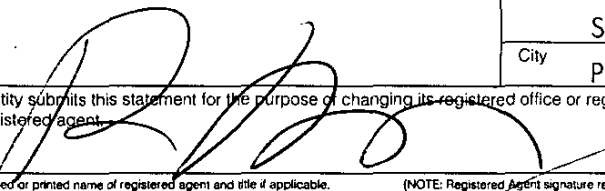
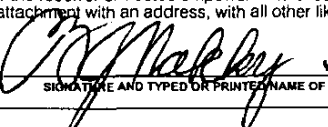


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90062 035 \*\*\*150.00

|  |  |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
|--|--|--|--|---|--|-------|---|---------------------------------|------|----------------------|--|----------------|--|--|-------------|----------------------|--|-------|-----|--|------|------------------------|--|----------------|--|--|-------------|-------------------------|--|
| <b>DOCUMENT # P05000077985</b><br>1. Entity Name<br><b>AL-ABAICHI, ALI &amp; HAKKY, INC.</b>   |  |  |  |                |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| Principal Place of Business<br><b>8547 MERRIMOOR BLVD. EAST<br/>LARGO, FL 33777 US</b>   |  |  | Mailing Address<br><b>8547 MERRIMOOR BLVD. EAST<br/>LARGO, FL 33777 US</b>   |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| 2. Principal Place of Business<br><b>607 South Alexander Street</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>607 South Alexander Street</b><br>Suite, Apt. #, etc.   |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| City & State<br><b>Plant City, Florida</b><br>Zip<br><b>33563</b>  |  | City & State<br><b>Plant City, Florida</b><br>Zip<br><b>33563</b>  |  | 4. FEI Number<br><b>20-2917917</b>  |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAKKY, SAID I<br/>8547 MERRIMOOR BLVD. EAST<br/>LARGO, FL 33777</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Bruce J. Sperry</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1003 South Alexander Street</b><br>Suite 1<br>City<br><b>Plant City</b> <b>FL</b> Zip Code<br><b>33563</b> |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE _____<br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE<br/> <b>02-20-06</b> </div> </div>   |  |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HASSAN, NIBRAS A DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>THIAFA ST 3RD FL APT .304 P.O. BOX 23009</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DUBAI,, UA 00000 UAE</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D,P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Al-Abaichi, Ibtisam Dr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Thiafa St. 3rd Apt. 304 P.O. Box 23009</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Dubai, UAE, UA 0000 UAE</td> <td></td> </tr> </table> </div> </div> |  |  |  |   |  | TITLE | D | <input type="checkbox"/> Delete | NAME | HASSAN, NIBRAS A DR. |  | STREET ADDRESS | THIAFA ST 3RD FL APT .304 P.O. BOX 23009 |  | CITY-ST-ZIP | DUBAI,, UA 00000 UAE |  | TITLE | D,P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Al-Abaichi, Ibtisam Dr |  | STREET ADDRESS | Thiafa St. 3rd Apt. 304 P.O. Box 23009 |  | CITY-ST-ZIP | Dubai, UAE, UA 0000 UAE |  |
| TITLE  | D  | <input type="checkbox"/> Delete  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| NAME   | HASSAN, NIBRAS A DR.                     |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| STREET ADDRESS   | THIAFA ST 3RD FL APT .304 P.O. BOX 23009 |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| CITY-ST-ZIP  | DUBAI,, UA 00000 UAE                     |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| TITLE  | D,P                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| NAME   | Al-Abaichi, Ibtisam Dr                   |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| STREET ADDRESS   | Thiafa St. 3rd Apt. 304 P.O. Box 23009   |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| CITY-ST-ZIP  | Dubai, UAE, UA 0000 UAE                  |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| 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.   |  |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE:</b> <br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> <b>Barbara Hakky, V.P., S</b> </div> <div style="width: 30%; text-align: right;"> <b>2-21-2006</b> <b>727-391-1936</b><br/> <small>Date Daytime Phone #</small> </div> </div>   |  |  |  |   |  |       |   |                                 |      |                      |  |                |  |  |             |                      |  |       |     |  |      |                        |  |                |  |  |             |                         |  |