

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000111584

Entity Name: M. SULEIMAN INC.

FILED
Jun 19, 2006
Secretary of State

Current Principal Place of Business:

P O BOX 555401
ORLANDO, FL 32855 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 555401
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 20-3296948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULEIMAN, MOHAMMAD A
3236 NORTH HWY. 17-92
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

EL-KAYYALI, IHAB
3236 NORTH HWY. 17-92
LONGWOOD, FL 32750 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: IHAB EL-KAYYALI

06/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULEIMAN, MOHAMMAD A
Address: P O BOX 555401
City-St-Zip: ORLANDO, FL 32855 US

Title: VP (X) Delete
Name: TARAWNEH, LAITH F
Address: P O BOX 555401
City-St-Zip: ORLANDO, FL 32855 OR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EL-KAYYALI, IHAB
Address: P O BOX 555401
City-St-Zip: ORLANDO, FL 32855 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IHAB EL-KAYYALI

P

06/19/2006

Electronic Signature of Signing Officer or Director

Date