2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144035

Entity Name: BANGLA, INC.

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

446 N. HIGHLAND STREET MT. DORA, FL 32757

Current Mailing Address: New Mailing Address:

446 N. HIGHLAND STREET MT. DORA, FL 32757

FEI Number: 20-3672306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHOWDHURY, MOHAMMED A 446 N. HIGHLAND STREET MT. DORA, FL 32757 US UDDIN, SAMIR 446 N. HIGHLAND STREET MT. DORA, FL 32757 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: SAMIR UDDIN 03/16/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHOWDHURY, MOHAMMED A

Address: 446 N. HIGHLAND STREET
City-St-Zip: MT. DORA, FL 32757

Title: VD () Delete Name: UDDIN, SAMIR

Address: 446 N. HIGHLAND STREET City-St-Zip: MT. DORA, FL 32757

Title: SVD (X) Delete

Name: MORSHED, SOROWAR Address: 446 N. HIGHLAND STREET City-St-Zip: MT. DORA, FL 32757 Title: PD (X) Change () Addition

Name: UDDIN, SAMIR

Address: 446 N. HIGHLAND STREET City-St-Zip: MT. DORA, FL 32757

Title: SVD (X) Change () Addition

Name: MORSHED, SOROWAR
Address: 446 N. HIGHLAND STREET
City-St-Zip: MT. DORA, FL 32757

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: SAMIR UDDIN PD 03/16/2006