

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90022 049 \*\*\*150.00

| <b>DOCUMENT # P05000152726</b>   |                           |  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
|--|---------------------------|--|--|--|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|--------------------------|--|----------------|--|--|-----------------|---------------------------|--|-----------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|-----------------|--|----------------|--|--|-----------------|--------------------------|--|-----------------|--|--|-----------------|---------------------------|--|-----------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|---|--|----------------|--|--|-----------------|------------------|--|-----------------|--|--|-----------------|--------------------------|--|-----------------|--|--|-----------------|---------------------------|--|-----------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|
| <b>1. Entity Name</b><br>KARNAFULY ENTERPRISES, INC.   |                           |  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>Principal Place of Business</b><br>4524 GUN CLUB ROAD<br>#102<br>WEST PALM BEACH, FL 33415  |                           |  | <b>Mailing Address</b><br>4524 GUN CLUB ROAD<br>#102<br>WEST PALM BEACH, FL 33415  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |                           | <b>3. Mailing Address</b>  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State   |                           | City & State   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip  | Country                   | Zip  | Country  | 01072008    Chg-P    CR2E034 (12/06)                   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>4. FEI Number</b><br>20-3802743   |                           |  |  | Applied For<br><input type="checkbox"/> Not Applicable |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                           |  |  | <b>\$8.75 Additional Fee Required</b>                  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SIKDAR, MOHAMMAD N<br>4524 GUN CLUB ROAD<br>#102<br>WEST PALM BEACH, FL 33415  |                           |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <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.</b>   |                           |  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |                           |  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                     |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">4524 GUN CLUB ROAD, #102</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;">WEST PALM BEACH, FL 33415</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; 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OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 4524 GUN CLUB ROAD, #102 |  | STREET ADDRESS |  |  | CITY - ST - ZIP | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | HOSSEIN, SHAH M |  | STREET ADDRESS |  |  | CITY - ST - ZIP | 4524 GUN CLUB ROAD, #102 |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | D |  | STREET ADDRESS |  |  | CITY - ST - ZIP | CHOWDHURY, KANIZ |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP | 4524 GUN CLUB ROAD, #102 |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | 4524 GUN CLUB ROAD, #102  |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | HOSSEIN, SHAH M           |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | 4524 GUN CLUB ROAD, #102  |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | D                         |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | CHOWDHURY, KANIZ          |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | 4524 GUN CLUB ROAD, #102  |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | WEST PALM BEACH, FL 33415 |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                           |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                           |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                           |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                           |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                      | <input type="checkbox"/> Delete  | TITLE  | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                           |  | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                           |  | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>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.</b>  |                           |  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>SIGNATURE:</b>  |                           |  | <b>MOHAMMAD SIKDER</b>   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           |  | Date: 4/15/08    Daytime Phone #: 863-965-0226   |  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                          |  |                |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |                 |  |                |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |   |  |                |  |  |                 |                  |  |                 |  |  |                 |                          |  |                 |  |  |                 |                           |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |       |      |                                 |       |      |   |                |  |  |                |  |  |                 |  |  |                 |  |  |