

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28212

FILED
Mar 09, 2005
Secretary of State

Entity Name: EXPAND, INCORPORATED

Current Principal Place of Business:

4303 VINELAND RD
F-7
ORLANDO, FL 32811 US

Current Mailing Address:

4303 VINELAND RD
F-7
ORLANDO, FL 32811 US

FEI Number: 36-3312315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

5728 MAJOR BOULEVARD
232
ORLANDO, FL 32819 US

New Mailing Address:

5728 MAJOR BOULEVARD
232
ORLANDO, FL 32819 US

Name and Address of Current Registered Agent:

KASHMIRI, RAFIAH
16650 ROYAL PALM DR
GROVELAND, FL 347365 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KASHMIRI, RAFIAH
Address: 16650 ROYAL PALM DR.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: ELDIRAWI, AHMED
Address: 16650 ROYAL PALM DR
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: RAFIAH KASHMIRI

PST

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date