2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008133

Title:

Name:

Address:

City-St-Zip:

VPS

RAHMAN, ASHFAK

2500 10TH AVE N #303A

LAKEWORTH, FL 33461 US

() Delete

Entity Name: FAMILY DISCOUNT PROPERTIES, INC.

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 OLD DIXIE HWY #216 RIVIERA BEACH, FL 33404 US **Current Mailing Address: New Mailing Address:** 1655 PALM BEACH LAKES BLVD SUITE 208 WEST PALM BEACH, FL 33401 FEI Number: 65-0376266 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: SAGAR, ALAN 1655 PÁLM BEACH LAKES BLVDC SUITE 208 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: SAGAR, ALAN Name: 1655 PALM BEACH LAKES SUITE 208 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BHUIYAN, MOHIUDDIN Name: 2500 10TH AVE N #303A Address: Address: LAKE WORTH, FL 33461 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CHOWDURY, MOHAMMED Name: Name: 1245 45TH STREET Address: Address: City-St-Zip: MANGONIA PARK, FL 33407 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN SAGAR P 04/07/2006

() Change () Addition