


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000083062</b> 1. Entity Name ISLAKA, INC.	
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Principal Place of Business 715 OAK COMMONS BLVD SUITE A KISSIMMEE, FL 34741 US	Mailing Address 715 OAK COMMONS BLVD SUITE A KISSIMMEE, FL 34741 US
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02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3277072</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  S. CRAIG WAKEFIELD PROFESSIONAL ASSOCIATIO 1400 W OAK ST, STE A KISSIMMEE, FL 34741
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**DO NOT WRITE  
IN THIS SPACE**

6. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>03/17/06-80014-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATEEF, SYED K 715 OAK COMMONS SUITE A KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIVERA, JAIME M 715 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ISLAM, M S 715 OAK COMMONS SUITE A KISSIMMEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  **3/3/06** **4078466747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #