

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 005 ***150.00

DOCUMENT # P94000083062

1. Entity Name
ISLAKA, INC.



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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40104340



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

S. CRAIG WAKEFIELD PROFESSIONAL ASSOCIATIO
1400 W OAK ST, STE A
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *M. Syajid Islam* (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: _____