## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000011828

Entity Name: AYISAT PROPERTIES, INC.

1425 MANDRAKE RD

DAYTONA BEACH, FL 32114 US

Address: City-St-Zip: FILED Jan 07, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ANGE AVENU A BEACH, FL	<del>-</del>			
Current Mailing Address:			New Mailing Address:		
555 W GRANADA BLVD STE E-9				555 W GRANADA BLVD STE E-9	
ORMOND BEACH, FL 32174		ORMOND BEACH, FL 32174 US			
FEI Number:	: 59-3495978	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
555 WEST STE E-9 ORMOND	DALE CPA GRANADA E BEACH, FL	32174 US		d efficiency with a distribution of the second seco	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHITTA, MUYII 555 W GRANA	) Delete NOT ,DA BLVD, STE E-9 ,CH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ABBOTT, DALI 555 W GRANA	) Delete E J CPA ,DA BLVD SUITE E-9 ,CH, FL 32174 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DS ( SHITTA, OWO	) Delete LABI R	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MUYINOT SHITTA P 01/07/2006