2006 FOR PROFIT CORPORATION

NAME STREET ADDRESS CHTY-ST-ZIP CITLE NAME STREET ADDRESS C1TY-ST-Z1P

Feb 27, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000040181 1. Entity Name KHAN & KHAN INVESTMENTS, INC. Principal Place of Business Mailing Address 507 25TH ST. 507 25TH ST. W. PALM BEACH, FL 33407 W. PALM BEACH, FL 33407 01252006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0930586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHAN, MOHAMMED DO NOT WRITE 507 25TH ST. W. PALM BEACH, FL 33407 IN THIS SPACE 3. 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 famillar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) DATE 100000448528 03/03/06-80016-025 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE NAME MOHAMMED, KHAN STREET ADDRESS 507 25TH ST. CITY-ST-ZIP W. PALM BEACH, FL 33407 NAME STREET ADDRESS DITY-53-709 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-DP mE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP

FILED

12. Thereby 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 calls; 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.

MOHAMMED K ICHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR