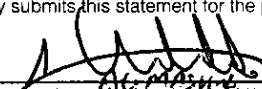


FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90111 017 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000059493				Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90111 017 ***150.00			
1. Entity Name ITTIHAD CORPORATION							
Principal Place of Business 1003-2 N. EDGEWOOD AVE. JACKSONVILLE FL 32254				Mailing Address 1003-2 N. EDGEWOOD AVE. JACKSONVILLE FL 32254			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3593475		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AL.MASHNI, ABDULLA 1003-2 N. EDGEWOOD AVE. JACKSONVILLE FL 32254				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
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.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 4/17/02 (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AL MASHNI, ABDULLA 1003-2 N. EDGEWOOD AVE. JACKSONVILLE FL 32254 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

CR2E034 (9/01)

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #