


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 045 ***158.75

DOCUMENT # S94492	
1. Entity Name SREEN, INC.	

Principal Place of Business 122 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444 US	Mailing Address 122 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444
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50003485

2. Principal Place of Business 301 W. ATLANTIC AVE Suite, Apt. #, etc. R-1 R-2 City & State DELRAY BEACH, FL Zip 33444 Country PALM BCH.	3. Mailing Address 301 W. ATLANTIC AVE Suite, Apt. #, etc. R-1 R-2 City & State DELRAY BEACH, FL Zip 33444 Country PALM BCH.
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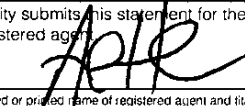


03082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0299553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMDAN, AMJED 10636 MAPLECHASE DR. BOCA RATON, FL 33498	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 301 W. ATLANTIC AVE R-1 R-2 City DELRAY BEACH FL Zip Code 33444
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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.

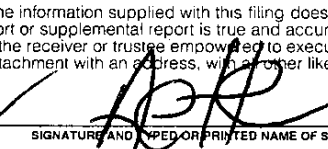
SIGNATURE:  DATE: _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMDAN, AMJED 10636 MAPLECHASE DR. BOCA RATON, FL 33498 <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

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 another like empowered.

SIGNATURE:  DATE: 3-9-06 561-276-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR