

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036379

Entity Name: SAAD BIOLOGICALS, INC.

FILED  
Jan 13, 2005  
Secretary of State

**Current Principal Place of Business:**

2692 HORSESHOE BAY DR.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2692 HORSESHOE BAY DR.  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 01-0659079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUARESHI, MOHAMMAD  
2692 HORSESHOE BAY DR.  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

QURESHI, MOHAMMAD R  
2692 HORSESHOE BAY DR.  
KISSIMMEE, FL 34741 US

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: M.R.QURESHI

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QURESHI, MOHAMMAD A  
Address: 2692 HORSESHOE BAY DR.  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: QURESHI, MOHAMMAD R  
Address: 2692 HORSESHOE BAY DR.  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: M.R.QURESHI

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date