

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2007  
Secretary of State**

DOCUMENT# P03000066021

Entity Name: FAHADA SAAD P.A.

**Current Principal Place of Business:**

1915 COCOPLUM WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

1915 COCOPLUM WAY  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 39-1580717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAAD, FAHADA M  
1915 COCOPLUM WAY  
NAPLES, FL 34105      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SAAD, FAHADA M  
Address: 1915 COCOPLUM WAY  
City-St-Zip: NAPLES, FL 34105

Title: ST      ( ) Delete  
Name: SAAD, SAM J  
Address: 1915 COCOPLUM WAY  
City-St-Zip: NAPLES, FL 34105

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: FAHADA M SAAD

P

03/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date