
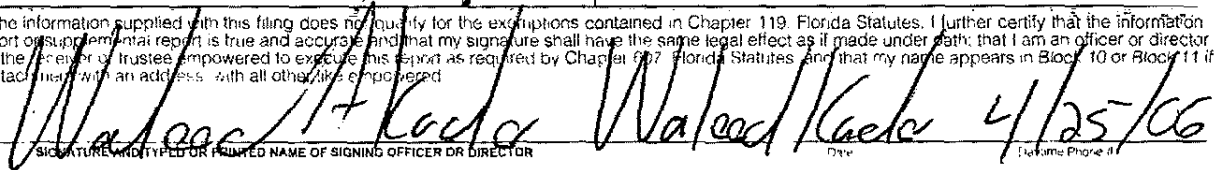


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000051379					
1. Entity Name KADER, INC.					
Principal Place of Business 1756 CEDRUS LANE PENSACOLA, FL 32514		Mailing Address 1756 CEDRUS LANE PENSACOLA, FL 32514			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 77-0628176	
Zip		Zip		Applied For Not Applicable	
Country		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		
KADER, SAED 1756 CEDRUS LANE PENSACOLA, FL 32514			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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		KADER, SAED			
STREET ADDRESS		1756 CEDRUS LANE			
CITY-ST-ZIP		PENSACOLA, FL 32514			
TITLE	D <input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		KADER, MAHER			
STREET ADDRESS		6854 RICKWOOD DRIVE			
CITY-ST-ZIP		PENSACOLA, FL 32526			
TITLE	D <input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		KADER, WALEED			
STREET ADDRESS		8127 HEIRLOOM DRIVE			
CITY-ST-ZIP		PENSACOLA, FL 32514			
TITLE	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 secretary 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 attached sheet with an address, with all other like empowered					
SIGNATURE:		 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date: 4/25/06 (Telephone Prefix)			



04072006 Chg-P CR2E034 (11/05)

4. FEI Number **77-0628176** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

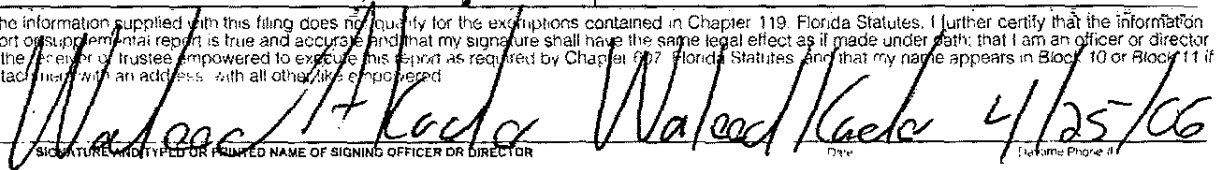
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

U00000544691 Change Addition
 05/11/06-80045-020 150.00

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 secretary 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 attached sheet with an address, with all other like empowered

SIGNATURE:  Date: **4/25/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Prefix)