

2004 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



① CORPORATION NAME:
ISLAMIC SAUDI ACADEMY, INC.

DUE DATE: 02/27/04
CORPORATE ID: 0498210-4

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
DOUGLAS L FLEMING
MARKET STATION
203 HARRISON ST SE
LEESBURG, VA 20175

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	1,000

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
153-LOUDOUN COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below. _ _
ADDRESS: 203-Q HARISON STREET SE CITY/ST/ZIP: LEESBURG, VA 20175	ADDRESS: 107 EAST MARKET STREET CITY/ST/ZIP: LEESBURG, VA 20176

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: ANTHONY A NOZZOLI TITLE: PRESIDENT ADDRESS: 4200 WISCONSIN AVENUE NW SUITE 106-180 CITY/ST/ZIP: WASHINGTON, DC 20016 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

Anthony A. Nozzoli Director
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

DIRECTOR
PRINTED NAME AND CORPORATE TITLE

1/1/04
DATE

2004 ANNUAL REPORT CONTINUED

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DIRECTORS AND PRINCIPAL OFFICERS (continued):

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: JOSEPH M MCMANUS TITLE: SECRETARY ADDRESS: 2001 L STREET NW SUITE 400 CITY/ST/ZIP: WASHINGTON, DC 20036	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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