2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N00000000140

Entity Name: ASSOCIATION FOR THE ADVANCEMENT OF AFRICA, INC.

Current Principal Place of Business:

35 AMADOR VILLAGE CIR., UNIT 32
HAYWARD, CA 94544

New Principal Place of Business:

17111 80TH STREET NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 3691
HAYWARD, CA 945403691

New Mailing Address:

17111 80TH STREET NORTH
LOXAHATCHEE, FL 33470

FEI Number: 65-1007558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLARDS, KIMBERLY
3151 VILLAGE BLVD. APT. 109
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

DRUSILLA, KIGOZI M
17111 80THE STREET NORTH
LOXAHATCHEE, FL 33440 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: DRUSILLA N KIGOZI 04/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OTENGHO, SUNDAY-JOSEPH DR
Address: 35 AMADOR VILLAGE CIRCLE, UNIT 32
City-St-Zip: HAYWARD, CA 945441267

Title: VCD ( ) Delete
Name: OTENGHO, CAROL R
Address: 35 AMADOR VILLAGE CIRCLE, UNIT 32
City-St-Zip: HAYWARD, CA 945441267

Title: VSD ( ) Delete
Name: SELLARDS, KIMBERLY
Address: 7017 SOUTHEAST DELEGATE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: VTD ( ) Delete
Name: HAUKWA, CHARLES
Address: 1164 SOLANDO AVE. APT. 429
City-St-Zip: ALBANY, CA 94706

Title: VD ( ) Delete
Name: LWANGA, SEBASTIANE
Address: 4018 ESTERS ROAD, APT 2065
City-St-Zip: IRVING, TX 750381422

Title: VD ( ) Delete
Name: KABENGE, RAYMOND
Address: 14026 VISTA DRIVE, SUITE 82-A
City-St-Zip: LAUREL, MD 207075800

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change ( ) Addition
Name: OTENGHO, CAROL R
Address: 24411 AMADOR STREET
City-St-Zip: HAYWARD, CA 94544

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNDAY-JOSEPH OTENGHO PD 04/18/2005
Electronic Signature of Signing Officer or Director Date