2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005660

FILED Apr 18, 2008 Secretary of State

Entity Name: AFRICAN WORLD ARTISTS COLLECTIVE, INC.

Current P	rincipal Place o	f Business	:	New Principal P	lace of Business:
	39 AVENUE JDERDALE, FL :	33312 U	S		
Current N	lailing Address:	:		New Mailing Ad	dress:
	39 AVENUE JDERDALE, FL	33312 U	S		
FEI Number	: 22-3850656	FEI Number	Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Cu	rrent Regis	stered Agent:	Name and Addre	ess of New Registered Agent:
1001 SW (FORT LAU	ON, ANTHONY R 39 AVENUE JDERDALE, FL	33312 U			
		bmits this st	tatement for the	purpose of changing its regis	stered office or registered agent, or both,
in the State	e of Florida.	bmits this st	tatement for the	purpose of changing its regi	stered office of registered agent, or both,
in the State	e of Florida. ** RE:		,		stered office of registered agent, or both,
in the State	e of Florida. ** RE:		tatement for the of the		Date
in the State SIGNATUI	e of Florida. ** RE:	: Signature c	,	ent	
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electronic	Signature of Signa	of Registered Ag	ent	Date
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECTO PD () DO THOMPSON, ANTI 1001 SW 39 AVER	Signature of CORS: Pelete PHONY R NUE PALE, FL 33312	of Registered Ag	ent ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR
in the State SIGNATUI	e of Florida. RE: Electronic S AND DIRECTO PD () DO THOMPSON, ANTI 1001 SW 39 AVENT FORT LAUDERDA VD () DO ODIBI, JOHNSON 3273 NW 181ST S	Signature of ORS: Delete HONY R NUE ALE, FL 33312 Delete I 33056 US Delete NGAH PRESERVE DE	of Registered Ag 2 Us	ent ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY R. THOMPSON PD 04/18/2008