2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N03000009322

Entity Name: THE IGBO CULTURAL ASSOCIATION INCORPORATED (OBINWANNE)

Current Principal Place of Business:

300 SOUTH PINE ISLAND ROAD
248
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PINE ISLAND ROAD
248
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 86-1087613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INNOCENT O CHINWEZE, P.A.
300 SOUTH PINE ISLAND ROAD
SUITE 248
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ANYAGALIGBO, CHRIS	
Address:	1340 NW 198 STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	VP	( ) Delete
Name:	IHEM, CHUCK	
Address:	300 SOUTH PINE ISLAND ROAD SUITE 248	
City-St-Zip:	PLANTATION, FL 33324	
Title:	GS	( ) Delete
Name:	EZEAMAMA, CHIMA	
Address:	300 SOUTH PINE ISLAND RD., STE 248	
City-St-Zip:	PLANTATION, FL 33324	
Title:	AS	( ) Delete
Name:	ODOH, CHESTER PROF	
Address:	300 SOUTH PINE ISLAND ROAD SUITE 248	
City-St-Zip:	PLANTATION, FL 33324	
Title:	FS	( ) Delete
Name:	MENIRU, EMMANUEL	
Address:	300 SOUTH PINE ISLAND ROAD SUITE 248	
City-St-Zip:	PLANTATION, FL 33324	
Title:	T	( ) Delete
Name:	WILSON, ROBINSON	
Address:	300 SOUTH PINE ISLAND ROAD SUITE 248	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	GS	(X) Change ( ) Addition
Name:	ODOH, MCCHESTER PROFF	
Address:	300 SOUTH PINE ISLAND RD., STE 248	
City-St-Zip:	PLANTATION, FL 33324	
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 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: CHRIS. ANYAGALIGBO PRES 04/27/2006

Electronic Signature of Signing Officer or Director — Date