


**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 044 \*\*\*\*70.00

<b>DOCUMENT # N04000007452</b> 1. Entity Name <b>FEDERATION OF BLACK AMERICANS, INC.</b>	
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40027101



Principal Place of Business <b>1709 NE LAMBRIGHT STREET                  TAMPA, FL 33610-3434</b>	Mailing Address <b>1709 NE LAMBRIGHT STREET                  TAMPA, FL 33610-3434</b>
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2. Principal Place of Business <b>1415 N. Kingsway Rd</b>	3. Mailing Address <b>1415 N. Kingsway Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03062006 Chg-NP CR2E037 (11/05)

City & State <b>Seffner, Fl.</b>	City & State <b>Seffner, Fl</b>	4. FET Number <b>20-1516846</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33584</b>	Country <b>Hills</b>	Zip <b>33584</b>	Country <b>Hills</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MCCOLLOUGH, JUANITA                  1709 NE LAMBRIGHT STREET                  TAMPA, FL 33610-3434</b>	7. Name and Address of New Registered Agent Name <b>Juanita McCollough</b> Street Address (P.O. Box Number is Not Acceptable) <b>1415 N. Kingsway Rd</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</b>
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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 Juanita McCollough (Juanita McCollough) 3/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCOLLOUGH, FREDERICK</b> <b>1709 NE LAMBRIGHT STREET</b> <b>TAMPA, FL 336103434</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Frederick A. McCollough</b> <b>5307 Bogdonoff Dr</b> <b>Seffner, Fl 33584</b>
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCOLLOUGH, FREDERICK A</b> <b>937 NINA ELIZABETH CIRCLE #201</b> <b>BRANDON, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. President</b> <b>Gregory Brown</b> <b>2113 Beach St.</b> <b>Tampa, Fl 33607</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCCOLLOUGH, JUANITA</b> <b>0709 NE LAMBRIGHT STREET</b> <b>TAMPA, FL 336103434</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Tres</b> <b>Juanita McCollough</b> <b>1415 N. Kingsway Rd</b> <b>Seffner, Fl 33584</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YOUNG, MARK A</b> <b>3538 STEEPLE CHASE ROAD</b> <b>ZEPHYRHILLS, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Dorothy West</b> <b>4575 Frisco Circle</b> <b>Orlando, Fl 32808</b>
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juanita McCollough (Juanita McCollough) 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #