#### 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

### **DOCUMENT # N97000004755**

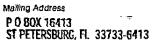
1. Entity Name

AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, INC.

Principal Place of Business

P O BOX 16413

ST PETERSBURG, FL 33733-6413



# FILED May 25, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

Commission of the Commission o

05222006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3492502 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, MINSON R 4100 49TH AVE SO. ST PETERSBURG, FL 33711

## DO NOT WRITE IN THIS SPACE

6. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its registered offi	ce or re	egistered agent, or bo	offi, in the State of Florida	I am familiar with,	and accept
SIGNATURE.	Signature typed or primed name of registered agent and title is	Applicable. (MCTE Hagistered Agent.	eigneture	required when remainting)	ates.	DATE	
Filing Fee is \$61.25  Due by September 6, 2006  *Trust Fund Contribution.				\$5.00 May Be Added to Fees			
to.	OFFICERS AND DIRECT	TORS			The second of th		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBIN, MINSON 4100-49TH AVE SO. ST PETERSBURG, FL 33711						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TUCKER, FRED 3451 MANATEE DR SE ST PETERSBURG, FL 33705				00000056 08-25/06-80	6032 001-015 61	1.25
TITLE NAME STREET ADDRESS CITY-ST-DP	DS SHINGLES, GLORIA 5256-2ND AVENUE SO. SAINT PETERSBURG, FL 33707			DO	NOT WR	ITE	
nite Name Street Audress City-st-219	DT MITCHELL, JOSEPH 1795 LAKEWOOD DR, SO ST PETERSBURG, FL 33712	24 <b>2</b> 4		. IN	THIS SPA	/CE	·
TITLE NAME STREET ADDRESS CXTY-ST-ZIP							
title Name Street address City-St-Zip						in the second	

12. I hereby certify that the information supplied with this filing does not quality 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 sholl 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: Musson Kulun - Lusylent SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNATURE OR DIRECTOR