


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N97000004755

1. Entity Name
AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, INC.



Principal Place of Business P O BOX 16413 ST PETERSBURG, FL 33733-6413	Mailing Address P O BOX 16413 ST PETERSBURG, FL 33733-6413
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05222006 No Cig-NP CR2E037 (4/06)

4. FEI Number 59-3492502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHINGLES, GLORIA 6256-2ND AVENUE SO. SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MITCHELL, JOSEPH 1795 LAKEWOOD DR. SO ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/25/06-80001-015 61.25

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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: Minson Rubin - President **5/10/06** **727-866-2651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #