


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # R01000028263
 1. Entity Name
AFRICAN COMMODITIES & ARTIFACTS, INC.



Principal Place of Business Mailing Address
6462 CENTRAL AVE **6462 CENTRAL AVE**
ST PETERSBURG, FL 33707 **ST PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

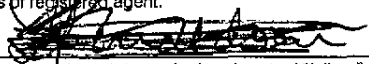
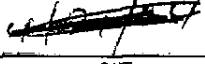
4. FEI Number Applied For
59-3720552 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RONALDSON, ISABEL L
6462 CENTRAL AVE
ST PETERSBURG, FL 33707

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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000126654
 04/23/04-80042-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RONALDSON, ISABEL L
STREET ADDRESS	6462 CENTRAL AVE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:  Date: **4/21/04** Daytime Phone #: **727-345-2696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #