

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003257

FILED
Apr 03, 2008
Secretary of State

Entity Name: AFRICA-AMERICA INSTITUTE, INC.

Current Principal Place of Business:

420 LEXINGTON AVENUE
SUITE 1706
NEW YORK, NY 10170

New Principal Place of Business:

Current Mailing Address:

420 LEXINGTON AVENUE
SUITE 1706
NEW YORK, NY 10170

New Mailing Address:

FEI Number: 13-0218859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: C () Delete
Name: APPENTENG, KOFI
Address: 11 WEST 42 STREET
City-St-Zip: NEW YORK, NY 10036

Title: P () Delete
Name: MCLEAN, MORA
Address: 420 LEXINGTON AVE STE 1706
City-St-Zip: NEW YORK, NY 10170

Title: D () Delete
Name: HACK, NADINE B
Address: 870 UNITED NATIONS PLAZA, STE. 19A
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: CUMMINGS, ALEXANDER B JR
Address: ORCHARD LEA WINKFIELD LANE WINDSOR
City-St-Zip: BERKSHIRE SL4 4RU, UK

Title: COO () Delete
Name: BOATENG, KOFI
Address: 420 LEXINGTON AVE STE 1706
City-St-Zip: NEW YORK, NY 10170

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MOODHE, JOSEPH
Address: 919 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify 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: KOFI BOATENG

COO

04/03/2008

Electronic Signature of Signing Officer or Director

Date