




FILED
Aug 28, 2007 8:00 am
Secretary of State

07-27-2007 90008 004 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000000699 1. Entity Name NKWERRE ABORIGINES UNION - USA, INC.		
Principal Place of Business 5224 S. 166TH AVENUE CIRCLE OMAHA, NE 68135	Mailing Address 13412 SPLASH COURT ORLANDO, FL 32828	66021526  07122007 No Chg-NP CR2E037 (4/06) 4. FEI Number 72-1319220 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NNADI, GODWIN 13412 SPLASH COURT ORLANDO, FL 32828		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ Signature, typed or printed name of registered agent and title if applicable		
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NNADI, GODWIN 13412 SPLASH COURT ORLANDO, FL 32828	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT CHINYERE, CHUKS 1461 NW 207 STREET MIAMI, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IHEKWABA, CHIAKA P.O. BOX 163635 MIAMI, FL 33116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  8/21/07 4077024603 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Godwin NNADI		