

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000699

FILED  
Sep 10, 2009  
Secretary of State

**Entity Name:** NKWERRE ABORIGINES UNION - USA, INC.

**Current Principal Place of Business:**

5224 S. 166TH AVENUE CIRCLE  
OMAHA, NE 68135

**New Principal Place of Business:**

**Current Mailing Address:**

13412 SPLASH COURT  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 72-1319220      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NNADI, GODWIN  
13412 SPLASH COURT  
ORLANDO, FL 32828      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: CP      ( ) Delete  
Name: NNADI, GODWIN  
Address: 13412 SPLASH COURT  
City-St-Zip: ORLANDO, FL 32828

Title: VCT      ( ) Delete  
Name: CHINYERE, CHUKS  
Address: 1461 NW 207 STREET  
City-St-Zip: MIAMI, FL 33010

Title: S      ( ) Delete  
Name: IHEKWABA, CHIAKA  
Address: P.O. BOX 163635  
City-St-Zip: MIAMI, FL 33116

**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:

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: CHUKS O. CHINYERE

VP/T

09/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date