


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # G47158 1. Entity Name AFRICAN FORMULA PRODUCTS, INC.	
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Principal Place of Business 4615 NW 6TH STREET HII GAINESVILLE, FL 32601 US	Mailing Address P.O. BOX 21675 GAINESVILLE, FL 32604
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TALLAHASSEE, FLORIDA



03202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

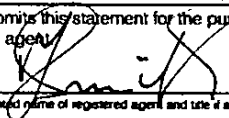
4. FEI Number 59-2444578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ADEYEMI ADEMOLA
903 S. BOUNDARY ST.
ARCHER, FL 32618**

**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 reappointing)

4-7-05 DATE

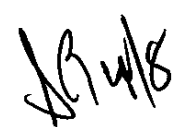
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

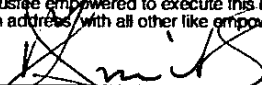
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ADEYEMI A 903 SOUTH BOUNDARY STREET ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, ROBERT A., JR. 903 S BOUNDARY ST ARCHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERS, CATHY 7301 W UNIVERSITY S104 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYINOLA, ADDIE 903 S. BOUNDRY ST. ARCHER, FL 32681
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:  (NOTE: Signature and typed or printed name of signing officer or director)

4-7-05 DATE

352-4956618 Daytime Phone #