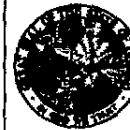


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K44555

1. Entity Name
AFRICAN BOUTIQUE & COLLECTIBLES, INC.



FILED

Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business
16415 N. DALE MABRY HWY
BOX #15
TAMPA, FL 33618

Mailing Address
PO BOX 128
LUTZ, FL 33548

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2910332	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

EGUN, GEORGIA
910 HOLLYSHORE DRIVE
LUTZ, FL 33549

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
EGUN, GEORGIA
910 HOLLYSHORE DRIVE
LUTZ, FL 33549

000000333842
04/27/05-80019-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Lucia L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date Daytime Phone #