2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# N01000004499

Entity Name: ANAMBRA STATE ASSOCIATION, INC.

Current Principal Place of Business:

1007 SW 104 WAY
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

1007 SW 104 WAY
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-1115306 **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:

CHUCK MOGBO, P.A.
2800 W OAKLAND PK BLVD, STE 209
OAKLAND PARK, FL 33311 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: DP ( ) Delete
Name: OKAFOR, GODWIN N DR
Address: 1007 SW 104 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DV ( ) Delete
Name: ESIOBU, DIUTO DR
Address: 2620 BOGOTA AVENUE
City-St-Zip: COOPER CITY, FL 33026

Title: DS ( ) Delete
Name: IKE, FELIX
Address: 720 NW 179 ST
City-St-Zip: MIAMI, FL 33169

Title: DT ( ) Delete
Name: ONONUJU, NNEKA
Address: 6005 NW 179 TERR
City-St-Zip: MIAMI LAKES, FL 33015

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GODWIN OKAFOR PD 07/13/2006

Electronic Signature of Signing Officer or Director — Date