2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N01000005660

Entity Name: AFRICAN WORLD ARTISTS COLLECTIVE, INC.

Current Principal Place of Business:

1001 SW 39 AVENUE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1001 SW 39 AVENUE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 22-3850656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, ANTHONY R
1001 SW 39 AVENUE
FORT LAUDERDALE, FL 33312 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: PD ( ) Delete
Name: THOMPSON, ANTHONY R
Address: 1001 SW 39 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VD ( ) Delete
Name: ODIBI, JOHNSON
Address: 3273 NW 181ST STREET
City-St-Zip: CAROL CITY, FL 33056 US

Title: SD ( ) Delete
Name: ONIWOSAN, NZINGAH
Address: 12277 COLONY PRESERVE DR
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TD ( ) Delete
Name: HARNETT, TRSHEMA
Address: 9170 NW 19TH PLACE
City-St-Zip: SUNRISE, FL 33322 US

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 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: ANTHONY R. THOMPSON PD 04/18/2008

Electronic Signature of Signing Officer or Director — Date