

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007803

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** INTERNATIONAL ACADEMY OF AFRICAN BUSINESS AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

86 MAIN STREET  
SOUTH GLASTONBURY, CT 060730029 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 29  
SOUTH GLASTONBURY, CT 060730029 US

**New Mailing Address:**

**FEI Number:** 01-0731322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLO, JERRY  
3222 NW 22 AVENUE  
FORT LAUDERDALE, FL 33309 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  
Name: ENYINDA, CHRIS DR.  
Address: ALABAMA A&M UNIV. SOB, 4900 MERIDIAN ST  
City-St-Zip: NORMAL, AL 35762 US

Title: VD  
Name: OWUSU-FRIMPONG, NANA DR.  
Address: LONDON METRO UNIV SCH BUS 31 JEWRY STREET  
City-St-Zip: LONDON, UK EC3N 2EY UK

Title: VTD  
Name: SCHROTH, PETER W DR.  
Address: 86 MAIN STREET, P.O. BOX 29  
City-St-Zip: SOUTH GLASTONBURY, CT 060730029 US

Title: D  
Name: AIYEKU, JOSEPH DR  
Address: 352 LAFAYETTE STREET (BUSINESS DEPT.)  
City-St-Zip: SALEM, MA 01970 US

Title: D  
Name: NWANKWO, SONNY DR  
Address: 1150 DOUGLAS PIKE (MARKETING DEPT.)  
City-St-Zip: SMITHFIELD, RI 02917 US

Title: D  
Name: OGBUEHI, ALPHONSO DR  
Address: 1150 DOUGLAS PIKE (MARKETING DEPT.)  
City-St-Zip: SMITHFIELD, RI 02917 US

I hereby 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 all other like empowered.

SIGNATURE: PETER W. SCHROTH

VTD

04/06/2010

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

\_\_\_\_\_  
Date