

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001598

FILED
Apr 27, 2005
Secretary of State

Entity Name: USA/AFRICA INSTITUTE, INC.

Current Principal Place of Business:

204 S MONROE ST
SUITE 203
TALLAHASSEE, FL 32301

New Principal Place of Business:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

Current Mailing Address:

204 S MONROE ST
SUITE 203
TALLAHASSEE, FL 32301

New Mailing Address:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

FEI Number: 01-0624598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, PETER
204 S MONROE ST
SUITE 203
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HARRIS, PETER
215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301 US

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: PETER HARRIS

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEADOWS, MATTHEW
Address: 204 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: ELAM, DONNA
Address: 204 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: GIANINI, ELIZABETH
Address: 4380 NW 11TH ST
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEADOWS, MATTHEW
Address: 215 S MONROE ST, STE 835
City-St-Zip: TALLAHASSEE, FL 32301

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 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 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: MATTHEW MEADOWS

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date