

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001598

FILED
Aug 28, 2006
Secretary of State

Entity Name: USA/AFRICA INSTITUTE, INC.

Current Principal Place of Business:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 01-0624598 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:

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

Title: PD (X) Change () Addition
Name: ELAM, DONNA
Address: 215 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change () Addition
Name: GIANINI, ELIZABETH
Address: 215 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: DONNA ELAM

PRES

08/28/2006

Electronic Signature of Signing Officer or Director

Date