2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000006721

Entity Name: KIJANA EDUCATIONAL EMPOWERMENT INITIATIVE, INC.

Current Principal Place of Business:

516 GULF ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

516 GULF ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 33-1023377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, COLLEEN
120 NORTH US HIGHWAY ONE
SUITE 200
TEQUESTA, FL 33469 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:	CUMMINGS, JAMES P	
Address:	516 GULF ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	MADISON, MARK	
Address:	220 N TENNESSEE AVE	
City-St-Zip:	MARTINSBURG, WV 25401	
Title:	D	( ) Delete
Name:	YING, HELGA	
Address:	1211 OAKLAND AVENUE	
City-St-Zip:	OAKLAND, CA 94611	
Title:	D	( ) Delete
Name:	GASS, ROBERT	
Address:	80 LASALLE STREET, #11C	
City-St-Zip:	NEW YORK, NY 10027	
Title:	V	( ) Delete
Name:	HUBER, BRUCE	
Address:	4690 BRADY LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	DITARANTO, MARY	
Address:	109 SIENNA OAKS CIRCLE WEST	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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:	
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: JAMES P. CUMMINGS DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date