

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009242

FILED
Mar 27, 2009
Secretary of State

Entity Name: SALAMA INTERNATIONAL, INC.

Current Principal Place of Business:

3436 AMERICO DR
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

P.O BOX 6980
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 54-2083999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKUMI, SAMSON
3436 AMERICO DRIVE
WEST PALM BEACH, FL 33417 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: MAKUMI, SAMSON
Address: 3436 AMERICO DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: MAKUMI, LUCY
Address: PO BOX 1321 VILLAGE MARKET
City-St-Zip: 00621 NAIROBI, KENYA, KE KENYA

Title: D () Delete
Name: KABOGO, CHARLES M
Address: PO BOX 1321 VILLAGE MARKET
City-St-Zip: 00621, NAIROBI, KENYA, KE KENYA

Title: VT () Delete
Name: WAITHIRA, CATHERINE
Address: P.O. BOX 6980
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: NJORGE, JOHN E
Address: PO BOX 1321 VILLIAGE MARKET
City-St-Zip: 00621, NAIROBI, KENYA, KE KENYA

Title: D () Delete
Name: WAITITU, HENRY K
Address: PO BOX 6980
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAINA, FREDRICK M
Address: PO BOX 402
City-St-Zip: 00242, KITENGELA, KENYA, KE KENYA

Title: VT (X) Change () Addition
Name: GATHIMA, PENINAH W
Address: P.O. BOX 52889
City-St-Zip: 00200, NAIROBI, KENYA, KE KENYA

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: SAMSOM MAKUMI

CEO

03/27/2009

Electronic Signature of Signing Officer or Director

Date