

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90280 021 ****61.50

DOCUMENT # N03000001078
 1. Entity Name
AFRICA AIDS EDUCATION AND PREVENTION ORGANIZATION - SIERRA LEONE PROJECT, INC.



Principal Place of Business
**4664 COPPER LANE
 PLANT CITY, FL 33567**

Mailing Address
**P.O. BOX 82074
 TAMPA, FL 33682**



2. Principal Place of Business
13720 Revere Landings
 Suite, Apt. #, etc. **#6**
 City & State
Tampa, Florida
 Zip **33613** Country **U.S.A**

3. Mailing Address
P.O. Box 82074
 Suite, Apt. #, etc. **N/A**
 City & State
Tampa, Florida
 Zip **33682** Country **U.S.A**

04242005 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0155495 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAMBOI, S. ERIC ESQ.
 4664 COPPER LANE
 PLANT CITY, FL 33567**

7. Name and Address of New Registered Agent
 Name **Lamboi, S. Eric, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
13720 Revere Landings Drive, #6
 City **Tampa** State **FL** Zip Code **33613**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LAMBOI, S. ERIC (CEO)** *S. Eric Lamboi* **04/20/2005**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LAMBOI, SANGOI E 4664 COPPER LANE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBOI, SANGOI E 4664 COPPER LANE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENGAB, JONATHAN DR. 4457 N. CAMPBELL AVE. INDIANAPOLIS, IN 46226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, NOEL B 7614 N. TREE CLUB DR. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKE, NYANBE 2323 N. WOODLAWN #102 WICHITA, KS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAVORS, JOHNNIE N 2615 20TH AVE. EAST TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Lamboi, Sangoi E 13720 Revere Landing, #6 Tampa, Florida 33613	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mr. Moseray, Dauda L N.118 Kissy Low Cost Housing Freetown, Sierra Leone.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. Ademokula, Soma E. 174A. Wilkinson Road Freetown, Sierra Leone	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mrs. Moseray Kasia N.118 Kissy Low Cost Housing Freetown, Sierra Leone	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAMBOI S. ERIC (CEO)** *S. Eric Lamboi* **04/20/2005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #