

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2005
Secretary of State**

DOCUMENT# N03000002051

Entity Name: U.S. AFRICAN ECONOMIC GROWTH OPPORTUNITY ASSOCIATION, INC.

Current Principal Place of Business:

10960 ENIWETOK DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10960 ENIWETOK DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

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

Name and Address of Current Registered Agent:

NYAGAH KARIUKI, SIMON
10960 ENIWETOK DRIVE
JACKSONVILLE, FL 32246 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: CD () Delete
Name: NYAGAH, SIMON KARIUKI
Address: 10960 ENIWETOK DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: MUTUA BROWN, SUSAN
Address: 14012 BEARGRASS COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: MUTHONI OTWOMA, ADRIENNE
Address: 1920 STABLE DRIVE APT. #3-202
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MUNAITA, LISA WANJA
Address: 1920 STABLE DRIVE APT.#3-202
City-St-Zip: ORLANDO, FL 32837

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: SIMON KARIUKI NYAGAH

CD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date