2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002051

FILED Apr 28, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 10960 ENIWETOK DRIVE 4250 SAN JUAN AVENUE JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 10960 ENIWETOK DRIVE 4250 SAN JUAN AVENUE JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32210 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NYAGAH KARIUKI, SIMON NYAGAH KARIUKI, SIMON 10960 ENIWETOK DRIVE 4250 SAN JUAN AVENUE US US JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32210 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: 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NYAGAH, SIMON KARIUKI NYAGAH, SIMON KARIUKI Name: Name: 10960 ENIWETOK DRIVE Address: 4250 SAN JUAN AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32210 Title: SD () Delete Title: () Change () Addition Name: MUTUA BROWN, SUSAN Name: Address: 14012 BEARGRASS COURT Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition MUTHONI OTWOMA, ADRIENNE Name: Name: 1920 STABLE DRIVE APT. #3-202 Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MUNAITA, LISA WANJA Name: Address: 1920 STABLE DRIVE APT.#3-202 Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip:

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: SIMON NYAGAH CD 04/28/2006