2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N03000003130

Entity Name: INTERNATIONAL INSTITUTE OF AFRIKAN STUDIES AND KNOWLEDGE, INC.

Current Principal Place of Business:

5050 NW 42ND ST
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26474
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 75-2761732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EFUNDOLADE, YEYEFINI
5050 NW 42ND ST
LAUDERDALE LAKES, FL 33319 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: P ( ) Delete
Name: EFUNBOLADE, YEYEFINI
Address: 5050 NW 42ND ST
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP ( ) Delete
Name: MAXEY, JUDITH E
Address: 5050 NW 472ND ST
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: S ( ) Delete
Name: MAXEY, JUDITH E
Address: 5050 42 ST.
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: T ( ) Delete
Name: BROWN, LESLIE
Address: 2829 VAN BUREN ST.
City-St-Zip: HOLLYWOOD, FL 33020 US

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:

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: YEYEFINI EFUNBOLADE PRES 04/10/2007

Electronic Signature of Signing Officer or Director — Date