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Secretary of State

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4. FEI Number	Applied For
	✓ Not Applicable

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

DOCUMENT # N04000002324

1. Entity Name
HORN OF AFRICA PEACE AND DEVELOPMENT CENTRE
NONPROFIT INC.



Principal Place of Business	Mailing Address
1429 FOX CHAPEL DR.	1429 FOX CHAPEL DR.
LUTZ, FL 33549 US	LUTZ, FL 33549 US

2. Principal Place of Business 4002 BLACKSMITH DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GARLAND, TEXAS	4002 BLACKSMITH DR City & State GARLAND, TEXAS
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Zip TX 75044	Country U.S.A.	Zip TX 75044	Country U.S.A.
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6. Name and Address of Current Registered Agent		Name
AGIZEW, YESHITELA 3028 SUMMER HOUSE DR. VALRICO, FL 33594		AGIZ
		Street Address
		19947
		City
		TAM

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 Yeshtila Agrew Gossella Agrew July 25th, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEMAYEHU, KIDANE 1429 FOX CHAPEL DR. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEMAYEHU, KIDANE 4002 BLACKSMITH DR GARLAND, TX 75044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NJOH, AMBE 11217 MOONVALLEY WAY TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEB AHMED, HASHIM A 5005 COQUINA KEY DR. S.E. ART# F ST.PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEB AHMED, HASHIM A. 8402 RAVENGLASS CT LORTON, VA 22079 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AGIZEW, YESHITELA 3028 SUMMER HOUSE DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AGIZEW, YESHITELA 19947 TAMIRAMI AV TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: KIDANE ALEMAYEHU 7/20/05 (214) 703-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #