2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

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Entity Name: AZEZO DIMAZA SCHOOLS ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 422321
KISSIMMEE, FL 347422321 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 422321
KISSIMMEE, FL 347422321 US

New Mailing Address:

FEI Number: 01-0812322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUMER, BARRY N ESQ.
5728 MAJOR BOULEVARD
SUITE 545
ORLANDO, FL 32819 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:	TD	( ) Delete
Name:	BELAY, ZENEBE	
Address:	3286 FALCON POINT DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	SD	( ) Delete
Name:	MULUGETA, DAWIT	
Address:	216 PW REED ROAD	
City-St-Zip:	ATOKA, TN 38004	
Title:	OD	( ) Delete
Name:	TEKELEBERHAN, GEBRU	
Address:	1406 GEBRIEL PL	
City-St-Zip:	BRANDON, FL 33511	
Title:	PD	( ) Delete
Name:	AHMED, DEJENE	
Address:	111 MORGAN STREET	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	VPD	( ) Delete
Name:	AZENE, ABRHAM	
Address:	4210 WITHERSPOON AVE.	
City-St-Zip:	PENNSAUKEN, NJ 08109	
Title:	AUD	( ) Delete
Name:	TEFERA, SENAIT	
Address:	118 HEATHER DRIVE	
City-St-Zip:	MT. LAUREL, NJ 08054	

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:	
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: ZENEBE BELAY TD 02/08/2006

Electronic Signature of Signing Officer or Director — Date