




# 2006 NOT-FOR-PROFIT CORPORATION

<b>DOCUMENT # N04000007918</b> 1. Entity Name <b>WOTCLEF USA, INC.</b>						<b>FILED</b> <b>06 SEP 25 PM 12:46</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 	
Principal Place of Business <b>925 HAWTHORNE STREET</b> <b>A</b> <b>TALLAHASSEE, FL 32308 US</b>				Mailing Address <b>925 HAWTHORNE STREET</b> <b>A</b> <b>TALLAHASSEE, FL 32308 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>34-2011043</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>NZERIBE, TONY H</b> <b>925 HAWTHORNE STREET</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NOWAK, BARBARA DR. 301 WARE-RHANEY BUILDING TALLAHASSEE, FL 32307	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500080457215</b> <b>10/04/06--01029--020 **70.00</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, HENRY DR 301 WARE-RHANEY BUILDING TALLAHASSEE, FL 32307	<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	ED NZERIBE, TONY 925-A HAWTHORNE ST TALLAHASSEE, FL 32308	<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	VD SCOTT, JEANNINE B. AFRICARE HOUSE, 440 R STREET, NW WASHINGTON, DC 20001	<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	MD OKEKE, MARIA DR RM 206, GAITHER OFFICE COMPLEX TALLAHASSEE, FL 323076100	<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	MD OKEREKE, NDI OYUIKE DR 508 CONCORD ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 9/25/06</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
<b>SIGNATURE</b>  <b>TONY H. NZERIBE</b>				<b>9/25/06</b> <b>(850)322-4541</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			