


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003662 1. Entity Name NANA AMANIN OWUSU FOUNDATION, INC.	
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FILED

2006 JUL -7 AM 11:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business P. O. BOX 18 TALLAHASSEE, FL 32318-1088	Mailing Address P. O. BOX 18 TALLAHASSEE, FL 32318-1088
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07062006 Chg-NP CR2E037 (4/06)

4. FEI Number **42-1677421**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

OWUSU, YAW A
3400 GALLANT FOX TRAIL
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____

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 6, 2006	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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	OWUSU, YAW A	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	T	<input type="checkbox"/> Delete
NAME	OWUSU, ABENAA A	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	V	<input type="checkbox"/> Delete
NAME	OWUSU-BOAMPON, AFUA	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	S	<input type="checkbox"/> Delete
NAME	OWUSU, KWABENA A	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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07/12/06--01058--009 ***70.00

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.

SIGNATURE: *Nana Amanin Owusu* (President) 8/6/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #