


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010928 1. Entity Name SSESE ISLANDS AFRICAN AIDS PROJECT, INC.	
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Principal Place of Business 1907 SW 75TH TERRACE GAINESVILLE, FL 32607	Mailing Address 1907 SW 75TH TERRACE GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1681589	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NKEDI-KIZZA, PETER DR.
1907 SW 75TH TERRACE
GAINESVILLE, FL 32607

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MUSISI, FRANK 1907 SW 75TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NKEDI-KIZZA, PETER DR. 1907 SW 75TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABONGE, JAMES 1907 SW 75TH TERRACE GAINESVILLE, FL 32607
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05/17/07-80045-011 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:  **26 April 07**

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