## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005346

Name:

Address:

City-St-Zip:

MBEKI, BLESSING J

ABUJA, NIGERIA,

345 MBABANE ST., WUSE ZONE 6

NOLLIE INTERNATIONAL IN

FILED Jul 11, 2007 Secretary of State

Entity Name: RICHUD INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 6043 GREENBERRY LANE JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 6043 GREENBERRY LANE JACKSONVILLE, FL 32211 FEI Number: 14-2003308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OFUIFEME, SYLVIA 6043 GREENBERRY LANE US JACKSONVILLE, FL 32211 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OFUIFEME, SYLVIA A Name: Name: Address: 1035 ADETOKUNBO ADEMOLA CRESCENT WUSE II Address: City-St-Zip: ABUJA, NIGERIA. City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: ENOFE, AUGUSTINE Name: Address: 1225 GREENBERRY LANE Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: () Delete Title: () Change () Addition ESIMAJE, PETER Name: Name: 6043 GREENBERRY LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SYLVIA OFUIFEME CD 07/11/2007