2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000005346

Entity Name: RICHUD INTERNATIONAL, INC.

Current Principal Place of Business:

6043 GREENBERRY LANE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6043 GREENBERRY LANE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 14-2003308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OFUIFEME, SYLVIA
6043 GREENBERRY LANE
JACKSONVILLE, FL 32211 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:	CD	( ) Delete
Name:	OFUIFEME, SYLVIA A	
Address:	1035 ADETOKUNBO ADEMOLA CRESCENT WUSE II	
City-St-Zip:	ABUJA, NIGERIA,	
Title:	VCD	( ) Delete
Name:	ENOFE, AUGUSTINE	
Address:	1225 GREENBERRY LANE	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	SD	( ) Delete
Name:	ESIMAJE, PETER	
Address:	6043 GREENBERRY LANE	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	TD	( ) Delete
Name:	MBEKI, BLESSING J	
Address:	345 MBABANE ST., WUSE ZONE 6	
City-St-Zip:	ABUJA, NIGERIA,	

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:	

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.

SIGNATURE: SYLVIA OFUIFEME CD 04/15/2009

Electronic Signature of Signing Officer or Director — Date