


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000007990</b> 1. Entity Name JOPADHOLA WILOKA INC.						<b>FILED</b> 07 APR 30 PM 3:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277				Mailing Address 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 68-0641766				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ODONGO, GEORGE 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277 <div style="text-align: center; font-size: 2em; margin-top: 20px;">BK</div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to 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	CHRM ODONGO, GEORGE 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR OWOR, STEVEN 5901 GREEN WAY MONTGOMERY, AL 36117			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400101709634 05/07/07--01022--027 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAFWOYO, WINIFRED 2109 MEADOW DR BLUE BELL, PA 19422			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-SE OCHIENG, GRACIE M 18411 GUILDBERRY DR UNIT 304 GAITHERBURG, MD 20879			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CJRIESTIE, DEBORAH 3108 PINEHURST DR NIT 304 PLANO, TX 75075			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-T WAFWAOYO, WINIFRED 2109 MEADOW DR BLUE BELL, PA 19422			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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> <u>Geodango</u>				4/30/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
				<small>Daytime Phone #</small>			