2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2010
Secretary of State

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Entity Name: AFRICAN ARTIFACTS MUSEUM, INC.

Current Principal Place of Business:

5107 SMITH RYALS ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 3452
PLANT CITY, FL 335630008

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CX SYSTEMS INT'L, INC.
5107 SMITH RYALS ROAD
PLANT CITY, FL 33567 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: A
Name: BAILEY, CYNTHIA R
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 335630008

Title: VP
Name: GOODMAN, INEZ
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 335630008

Title: D
Name: SMITH, CYNTHIA C
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

Title: TD
Name: JOHNSTON, JOSEPH A JR.
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: DAVIS, CATHYE F
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: GAY, JOE L SR.
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA R. BAILEY PRES 04/04/2010

Electronic Signature of Signing Officer or Director — Date