2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006997

FILED Apr 17, 2008 Secretary of State

Entity Name: AFRICAN WILDLIFE CONSERVATION FUND, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
10564 N.W DORAL, Fl	7. 57TH STRE _ 33178	ET			
Current Mailing Address:			New Mailir	New Mailing Address:	
10564 N.W DORAL, Fl	7. 57TH STRE _ 33178	ET			
FEI Number:	26-0571535	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	CH, ANTONIO 7. 212TH STRE 33187 US				
The above in the State		submits this statement for the pu	urpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPED () ROMANACH, Al 10564 N.W. 57 DORAL, FL 33	TH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BRYANT, MAR ² 2285 S.E. 5TH HOMESTEAD,	COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () VENTRIERE, C 14805 S.W. 21 MIAMI, FL 331	2 ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STOKY, II, ROE	RSEAS HIGHWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () WINZER, INGO 70 GLEN ROAL WELLESLEY, I)	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WINZER, INGO 60 BRATTLE STREET #605 CAMBRIDGE, MA 02138 US	
Title: Name: Address: City-St-Zip:	D () STOKY,, RUTH 14805 SW 212 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STOKY,, RUTH 14 RAINBOW DRIVE KEY LARGO, FL 33037 US	

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: ANTONIO J. ROMANACH DPED 04/17/2008