

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005278

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: AFRICAN ATLAS CHARITIES INC.

**Current Principal Place of Business:**

2932 BARRYMORE CT  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 616816  
ORLANDO, FL 328616816

**New Mailing Address:**

FEI Number: 61-1564488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELMANSORI, NAJIA  
2932 BARRYMORE CT  
ORLANDO, FL 32835 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: P ( ) Delete  
Name: ELMANSORI, NAJIA  
Address: 2932 BARRYMORE CT  
City-St-Zip: ORLANDO, FL 32835 US

Title: DR ( ) Delete  
Name: BELL, DORETH  
Address: 5808 LOKEY DR.  
City-St-Zip: ORLANDO, FL 32810

Title: DR ( ) Delete  
Name: HSAINI, AHMED  
Address: 2932 BARRYMORE CT  
City-St-Zip: ORLANDO, FL 32835

Title: DR ( ) Delete  
Name: WU, EMMA  
Address: 1320 GALSWORTHY AVE  
City-St-Zip: ORLANDO, FL 32809

**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: NAJIA ELMANSORI

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date