2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N22003

Entity Name: IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE) INC.

Current Principal Place of Business:

P.O. BOX 172101
MIAMI, FL 33017

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172101
MIAMI, FL 33017

New Mailing Address:

FEI Number: 65-0046738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EZEWIKE, FIDELIS I
PO BOX 172101
MIAMI, FL 33017 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: D ( ) Delete
Name: ORJI, EZEKIEL O
Address: 11112 SW 129TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: EZEWIKE, FIDELIS I
Address: 19234 NW 80TH COURT
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: NKONNEH, JOSEPH
Address: 135 NW 163RD STREET
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ALUM, PETER
Address: 19234 NW 80 CT
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete
Name: INGRAM, AJIYI
Address: 135 NW 163RD STREET
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: UGWU, DESMOND
Address: 135 NW 163RD STREET
City-St-Zip: MIAMI, FL 33169

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:

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 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: FIDELIS EZEWIKE VP 04/28/2006

Electronic Signature of Signing Officer or Director — Date