2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37216

FILED Apr 29, 2008 Secretary of State

Entity Name: ASHANTI CULTURAL ARTS & ENRICHMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 2650 SISTRUCK BLVD 2230 N.W. 21 AVE FT.LAUDERDALE, FL 33311 FT.LAUDERDALE, FL 33062 US US **Current Mailing Address: New Mailing Address:** P. O. BOX 491856 LAUDERDALE LAKES, FL 33349 US FEI Number: 65-0209351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FILINGS, INC 3732 NORTHWEST 16TH STREET FT. LAUDERDALE, FL 33311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JONES, LINDA H JONES, LINDA H Name: Name: 2900 N.COURSE DR BLG 53 #110 Address: 3499 OAKS WAY Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: POMPANO BEACH, FL 33069 Title: Title: () Delete () Change () Addition FLETCHER, JOE ANN Name: Name: Address: 245 NW 117 ST Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMPSON, EDITH BROWN, SHERI Name: Name: 301 N PINE ISLAND RD. #257 Address: Address: 507 GARDEN DR City-St-Zip: PLANTATION, FL 33324 City-St-Zip: POMPANO BEACH, FL 33069 Title: () Delete Title: (X) Change () Addition BROWN, SHERI Name: Name: ADAMS, PAMELA 507 GARDENS DR.STE 240 210 NW 6 AVE. Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: FT. LAUDERDALE, FL 33311 Title: () Delete Title: () Change () Addition WILCHER, EASTER Name: Name: 6120 NW 34 TERRACE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, NOVICE Name: Name: Address: 1576 N. W. 7TH AVENUE Address: POMPANO, FL 33360 City-St-Zip: 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: LINDA HOUSTON JONES D 04/29/2008