

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37358

FILED
Mar 04, 2006
Secretary of State

Entity Name: EGBE OMO ODUDUWA, INC.

Current Principal Place of Business:

19170 NW 88TH CT
MIAMI, FL 33018

New Principal Place of Business:

Current Mailing Address:

19170 NW 88TH CT
MIAMI, FL 33018

New Mailing Address:

FEI Number: 65-0210273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYUNGBE, ALBERT CPA
10770 SW 153RD ST
MIAMI, FL 33151 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: AJAYI, KUNLE
Address: 9111 ANDORA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: OLAIGBE, OLA
Address: 2279 N.W 126TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ALLE, OLUWOLE
Address: 19170 N.W 88TH COURT
City-St-Zip: MIAMI, FL 33018

Title: D () Delete
Name: MAYUNGBE, ALBERT
Address: 2967 S.W 161 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: OBADEYI, JOSEPH
Address: 18520 NW 42ND AVE
City-St-Zip: MIAMI, FL 33055

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:

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: ALBERT A. MAYUNGBE

D

03/04/2006

Electronic Signature of Signing Officer or Director

Date