

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 16, 2007  
Secretary of State**

DOCUMENT# N37358

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  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 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: AJAO, AKINREMI  
Address: P.O. BOX 680464  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: FATERU, SAM  
Address: 19630 NW 4 AVE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: ADEYIGA, JULIUS  
Address: 8579 SW 23 CT  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: IBRAHIM, LATEEF  
Address: 19621 NW 7 CT  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: ADENUGA, LAWRENCE  
Address: 15434 SW 146 ST  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AKINREMI, AYODELE  
Address: P.O. BOX 680464  
City-St-Zip: MIAMI, FL 33168

Title: D (X) Change ( ) Addition  
Name: FATERU, SAMSON  
Address: 19630 NW 4 AVE  
City-St-Zip: MIAMI, FL 33169

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: JULIUS ADEYIGA

D

03/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date