


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 041 ****66.25

DOCUMENT # N93000005438 1. Entity Name EDUCATION OPPORTUNITIES FOR NIGERIA, INC.					
Principal Place of Business 3712 N.W. 84TH DRIVE GAINESVILLE, FL 32606			Mailing Address 3712 N.W. 84TH DR. GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3211603				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GODSHALK, BRENT 9309 NW 17 PLACE GAINESVILLE, FL 32606			Name <u>James Oliver</u> Street Address (P.O. Box Number is Not Acceptable) <u>229 NW 123rd St</u> City <u>Newberry</u> FL Zip Code <u>32669</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>04/24/2007</u>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALADE, CHRISTOPHER O.		NAME		
STREET ADDRESS	3712 NW 84TH DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODSHALK, BRENT		NAME		
STREET ADDRESS	9309 SW 17 PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALADE, CHRISTIARAH		NAME		
STREET ADDRESS	3712 N.W. 84TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADIKU, MATTHEW		NAME		
STREET ADDRESS	18307 LODGEPOLE PINE ST		STREET ADDRESS		
CITY-ST-ZIP	CYPRESS, TX 77429		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AJANI, TIMOTHY		NAME		
STREET ADDRESS	6744 BATTLE RD		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE, NC 28314		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, GAY M		NAME		
STREET ADDRESS	10550 NE 67TH LN		STREET ADDRESS		
CITY-ST-ZIP	BRONSON, FL 32621		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>04/24/2007</u> <small>Date Daytime Phone #</small>		