


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90147 003 \*\*\*\*66.25

<b>DOCUMENT # N93000005438</b> 1. Entity Name EDUCATION OPPORTUNITIES FOR NIGERIA, INC.	
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Principal Place of Business 3712 N.W. 84TH DRIVE GAINESVILLE, FL 32606	Mailing Address 3712 N.W. 84TH DR. GAINESVILLE, FL 32606
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**DO NOT WRITE IN THIS SPACE**

90000



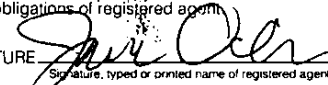
03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3211603	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  OLIVER, JAMES 229 NW 123RD ST NEWBERRY, FL 32669
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**DO NOT WRITE  
IN THIS SPACE**

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 	DATE <u>4-14-2008</u>
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALADE, CHRISTOPHER O. 3712 NW 84TH DR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALADE, CHRISTIARAH 3712 N.W. 84TH DRIVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADIKU, MATTHEW 18307 LODGEPOLE PINE ST CYPRESS, TX 77429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJANI, TIMOTHY 6744 BATTLE RD FAYETTEVILLE, NC 28314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, GAY M 10550 NE 67TH LN BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSHUA EFWADE 1113 COLUMBIA AVE LANSDALE PA 19446

**DO NOT WRITE  
IN THIS SPACE**

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.
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SIGNATURE: 	DATE <u>4/14/2008</u>	DAYTIME PHONE # <u>352-317-7780</u>
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