2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N95000001831

Entity Name: UJIMA UNITED, INC.

Current Principal Place of Business:

2525 FAIRFIELD DR.
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

2525 FAIRFIELD DR.
COCOA, FL 32926

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUKES, DEBRA
2525 FAIRFIELD DR.
COCOA, FL 32926 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:	PD	( ) Delete
Name:	DUKES, DEBRA	
Address:	2525 FAIRFIELD DR.	
City-St-Zip:	COCOA, FL 32926	
Title:	VD	( ) Delete
Name:	BROOKS, CORA	
Address:	861 CROTON RD.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	SD	( ) Delete
Name:	WILSON, DEANNA	
Address:	1430 FLOYD DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	TD	( ) Delete
Name:	WILSON, SHARENE	
Address:	834 GARNOER RD.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	PRINCE, NITA	
Address:	6850 HUNDRED ACRE	
City-St-Zip:	PSJ, FL 32927	
Title:	D	( ) Delete
Name:	MONTGOMERY, ALTHEA	
Address:	P.O. BOX 540571	
City-St-Zip:	MERRITT ISLAND, FL 32952	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: DEBRA DUKES PD 05/01/2008
Electronic Signature of Signing Officer or Director — Date