## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003480

FILED Apr 15, 2006 Secretary of State

Entity Name: EDO ASSOCIATION OF FLORIDA INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 69-4413 MIAMI, FL 332691413 US **Current Mailing Address: New Mailing Address:** P.O. BOX 69-4413 MIAMI, FL 332691413 US FEI Number: 65-0550278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OJO, GODWIN 7630 SHALIMAR STREET MIRAMAR, FL 33023 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GODWIN, OJO Name: Name: 7630 SHALLIMAR ST. Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition AIKHIONBARE, VICTOR Name: OSOLASE, ANDREW Name: Address: 4427 LAKE LUCERNE CIRCLE Address: 1010 NW MIAMI COURT City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: MIAMI SHORE, FL 33150 Title: () Delete Title: () Change () Addition OHENHEN, WESLEY Name: Name: 13500 NE 3RD COURT, #423 Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: Title: FSD Title: FSD ( ) Delete (X) Change ( ) Addition Name: IZEVBIGIE, SCOTTY Name: ISIBOR, PETER 12601 NW 27TH AVENUE APT. #T335 Address: 1021 NW 185 DR. Address: City-St-Zip: MIAMI, FL 33169 US City-St-Zip: MIAMI, FL 33167 US Title: DS () Delete Title: () Change () Addition URHOGHIDE, ISAIAH Name: Name: 9948 W. DAFFODIL LANE Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ODIETE, ROBERT IMAFIDON, TAIWO Name: Name: Address: 16951 SW 152 AVE Address: 15770 SW 24 STREET MIAMI, FL 33187 MIRAMAR, FL 33027 City-St-Zip: 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: SCOTTY O. IZEVBIGIE SPKR 04/15/2006