


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90082 016 ****61.25

DOCUMENT # N96000001617

1. Entity Name
 THE ERITREAN COMMUNITY OF CENTRAL FLORIDA, INC.



Principal Place of Business
 7857 ELMSTONE CIRCLE
 ATTN: FANIEL GHEBREHIWET
 ORLANDO, FL 32822 US

Mailing Address
 7857 ELMSTONE CIRCLE
 ATTN: FANIEL GHEBREHIWET
 ORLANDO, FL 32822 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40054961



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3374019

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BREMEDHIN, BERHANE D
 4513 OAK HAVEN DR
 APT. #305
 ORLANDO, FL 32839~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GHEBREHIWET, FANIEL 7857 ELMSTONE CTR. ORLANDO, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLDEGABER, SANSON 1445 MON THEATH CIR. OCOOE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGOS, DEHAB 12114 ROMERO STREET ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMSON WOLDEGABER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1445 MONTHEATH CIR. OCOEE, FL. 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERHANE GEBREMEDHIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4513 OAK HAVEN DR. ORLANDO, FL. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Faniel Ghebrhiwet, FANIEL GHEBREHIWET 4/10/07 407-775-9743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #