

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Mar 03, 2006  
Secretary of State**

DOCUMENT# N96000002546

Entity Name: EGBA ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**P.O. BOX 551985  
MIAMI GARDENS, FL 33055**New Principal Place of Business:**P.O. BOX 612212  
NORTH MIAMI BEACH, FL 33126**Current Mailing Address:**P.O. BOX 551985  
MIAMI GARDENS, FL 33055**New Mailing Address:**P.O. BOX 612212  
NORTH MIAMI BEACH, FL 33126

FEI Number: 65-0672190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**OBADEYI, JOSEPH  
18520 NW 42ND AVENUE  
MIAMI GARDENS, FL 33055 US**Name and Address of New Registered Agent:**ADEJOB, AYOOLA  
513 SW 9TH, STREET  
APT2  
HALLANDALE, FL 33039 US

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: DR. AYOOLA ADEJOB

03/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: OBADEYI, JOSEPH  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055Title: V ( ) Delete  
Name: SHOTANDE, AREMU  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055Title: S ( ) Delete  
Name: AKINBOLA, ABIOLA  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055Title: AS ( ) Delete  
Name: AKIN-GEORGE, EBUN  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055Title: T ( ) Delete  
Name: ADELEKE, FOLAKE  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055Title: FS ( ) Delete  
Name: BAMISHIGBIN, OLAWUNMI  
Address: P.O. BOX 551985  
City-St-Zip: MIAMI GARDENS, FL 33055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: ADEJOB, AYOOLA  
Address: 513 SW 9TH STREET  
City-St-Zip: HALLANDALE, FL 33009Title: V (X) Change ( ) Addition  
Name: BANKOLE, OLATUNJI  
Address: 6724 CAMELIA DRIVE  
City-St-Zip: MIRAMAR, FL 33025Title: S (X) Change ( ) Addition  
Name: OGUNNUSI, DUPE  
Address: 660 NW 177TH STREET, APT 224  
City-St-Zip: MIAMI GARDENS, FL 33169Title: AS (X) Change ( ) Addition  
Name: ANI - WILLIAMS, TAMIKA  
Address: P.O. BOX 612212  
City-St-Zip: NORTH MIAMI BEACH, FL 33126Title: T (X) Change ( ) Addition  
Name: ADEJOB, FLORENCE  
Address: P.O. BOX 612212  
City-St-Zip: NORTH MIAMI BEACH, FL 33126Title: FS (X) Change ( ) Addition  
Name: JOSHUA, PATIENCE  
Address: P.O. BOX 612212  
City-St-Zip: NORTH MIAMI BEACH, FL 33126

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: ADEJOB, AYOOLA

P

03/03/2006

Electronic Signature of Signing Officer or Director

Date