

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90089 019 \*\*\*\*61.25



**DOCUMENT # N97000005868**  
1. Entity Name  
**NTO ANNANG FOUNDATION MIAMI CHAPTER, INC.**

Principal Place of Business      Mailing Address  
**16300 NW 18 PL**      **16300 NW 18 PL**  
**MIAMI FL 33054**      **MIAMI FL 33054**



2. Principal Place of Business      3. Mailing Address  
**16300 NW 18 PL**      **16300 NW 18 PL**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
**Miami, Florida**      **Miami, Florida**  
Zip      Country      Zip      Country  
**33054**      **U.S.**      **33054**      **U.S.**

4. FEI Number      Applied For  
**58-2006066**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ODNO, AL DR**  
**16300 NW 18 PL**  
**MIAMI FL 33054**

7. Name and Address of New Registered Agent  
Name      **N/A**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EYO, PAMELA B</b> 15121 SOUTHWEST 154 CT MIAMI FL 33196
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EYO, BUFFER MR</b> 15121 SOUTHWEST 154 CT MIAMI FL 33196
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UMOH, JIMMY DR</b> 1914 SW 180 TERRACE MIRAMAR FL 33029
DP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ODONO, AL DR</b> 16300 NW 18 PL MIAMI FL 33054
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NNAMDIE, OKU DR</b> 350 NE 116 STREET MIAMI SHORES FL 33161
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NNAMDIE, EKA DR</b> 350 NE 116 STREET MIAMI SHORES FL 33161

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	<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
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 Section 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: Dr. Al O'Dono      2/27/06      306 623 0550