2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N97000006718

Entity Name: ALLIANCE OF GUYANESE EXPATRIATES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

994 WELLINGTON AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

994 WELLINGTON AVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUILLIAMS-REID, HERMIA
994 WELLINGTON AVE
OVIEDO, FL 32765 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:	PRES	( ) Delete
Name:	GUILLIAMS-REID, HERMIA	
Address:	994 WELLINGTON AVE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	PR	( ) Delete
Name:	SINGH, CAROL	
Address:	2452 TETON STONE RUN	
City-St-Zip:	ORLANDO, FL 32808	
Title:	VP	( ) Delete
Name:	DUNCAN, DESMOND	
Address:	1234 KNOTTY PINE AVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	TRES	( ) Delete
Name:	LONDON, LYNETTE	
Address:	318 MOFFAT LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	PR	( ) Delete
Name:	HARIPRASAD, RAVI	
Address:	314 MOFFET LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	PR	( ) Delete
Name:	MOONSAMMY, DENNIS	
Address:	3953 VALENCIA GROVE LANE	
City-St-Zip:	ORLANDO, FL 32817	

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 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: HERMIA GUILLIAMS-REID PRES 03/17/2006

Electronic Signature of Signing Officer or Director — Date