


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 25, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # N99000005651</b>		
1. Entity Name <b>PROJECT AFRIC RURAL DEVELOPMENT INTERNATIONAL, INC.</b>		

Principal Place of Business <b>530 S. W. 11TH DR. DEERFIELD BEACH FL 33441</b>	Mailing Address <b>530 S. W. 11TH DR. DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0960889</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DOKU, CLEMENCE K 530 S. W. 11TH DR. DEERFIELD BEACH FL 33441</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOKU, CLEMENCE			NAME			
STREET ADDRESS	530 SW 11 DR.			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCKE, BILL			NAME			
STREET ADDRESS	748 NW 12 AVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			CITY-ST-ZIP			
TITLE	DOMT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAWUDZRO, THOMAS			NAME			
STREET ADDRESS	20103 SW 87 PLACE CUTLER RIDGE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189			CITY-ST-ZIP			
TITLE	AV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMOAH, DEVINE			NAME			
STREET ADDRESS	10121 COSTA DEL SOL BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGENU, PETER			NAME			
STREET ADDRESS	402 NE 146 TERR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33161			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WOK Clemence K. Doku 2-25-04 954-428-1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #