


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -4 AM 11:22

<b>DOCUMENT # P00000080135</b> 1. Entity Name <b>THE BLACK INVENTORS' CLUB, INC.</b>	
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Principal Place of Business 2421 REEF COURT ORLANDO, FL 32805	Mailing Address P.O. BOX 2649 ORLANDO, FL 32802
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08232005 No Chg-P CR2E034 (10/03)

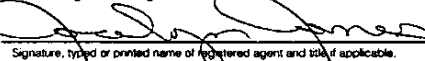
4. FEI Number 59-3663136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JONES, JOCELYN 2421 REEF COURT WINTER GARDEN, FL 34787
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**DO NOT WRITE  
IN THIS SPACE**

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  8-23-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, NOLLIE 2421 REEF CT. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ISAACS, KARL 4824 NATIVE DANCER LANE ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOPEZ, ROBERTO 239 BAY HEAD DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000060226100  
10/04/05--01076--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

Vcm  
11/4/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  9-23-05 321-388-3446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #