

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

07-24-2006 90007 031 ***150.00
08-28-2006 90002 012 ***400.00

DOCUMENT # P02000022384 1. Entity Name AFRICAN RENAISSANCE USA INC.					
Principal Place of Business ORLANDO FASHION SQUARE 3201 M14 E. COLONIAL DR. ORLANDO, FL 32803			Mailing Address 4012 MAGUIRE BLVD. #4214 ORLANDO, FL 32803		
2. Principal Place of Business 4012 MAGUIRE BLVD.			3. Mailing Address		
Suite, Apt. #, etc. #4214			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State		
Zip 32803		Country U.S.A		4. FEI Number 95-4854929	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name 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 <u><i>C. Du Buisson</i></u> (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete DU BUISSON, CATHERINE A 4012 MAGUIRE BLVD., #4214 ORLANDO, FL 32803			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete DU BUISSON, JAMES ROBERT T PO BOX 355, FLORIDA HILLS 1716 SOUTH AFRICA			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete DU BUISSON, ANN LOUISE 4012 MAGUIRE BLVD., #4214 ORLANDO, FL 32803			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete DU BUISSON, DAVID JAMES PO BOX 355, FLORIDA HILLS 1716 SOUTH AFRICA			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u><i>C. Du Buisson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>03/27/2006</u> <u>President</u> Date Daytime Phone	

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