2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000022384

Entity Name: AFRICAN RENAISSANCE USA INC.

Current Principal Place of Business:

9528 MUSE PL
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

9528 MUSE PL
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 95-4854929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DU BUSISSON, CATHERINE A
Address: 9528 MUSIE PL
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete
Name: DU BUISSON, JAMES ROBERT T
Address: PO BOX 355, FLORIDA HILLS 1716
City-St-Zip: SOUTH AFRICA,

Title: D ( ) Delete
Name: DU BUISSON, ANN LOUISE
Address: 95218 MUSE PL
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete
Name: DU BUISSON, DAVID JAMES
Address: PO BOX 355, FLORIDA HILLS 1716
City-St-Zip: SOUTH AFRICA,

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE ANN DU BUISSON MRS 04/30/2009
Electronic Signature of Signing Officer or Director Date