2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2005 08:00 AM Secretary of State DOCUMENT # P03000023677 THE GREAT PYRAMID OF AFRICA, INC. Principal Place of Business Mailing Address 2604 POWERS DRIVE 2604 POWERS DRIVE ORLANDO, FL 32802 ORLANDO, FL 32802 05032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2326650 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPBELL CORREA, JEANNETTE DO NOT WRITE 10028 SW 16TH ST. PEMBROKE PINES, FL 33-0254 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE SHUMAN, JAMAL NAME 2604 POWERS DRIVE STREET ADDRESS U000003633<mark>30</mark> 05/05/05-80154-004 158.75 ORLANDO, FL 32802 CITY - ST - 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 emportered 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 offer like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TUTLE

STREET ADDRESS CITY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 407-578-672 Daysime Phone if

FILED