2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073444

Entity Name: AFRICAN GROWTH AND OPPORTUNITIES INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 50163 JACKSONVILLE, FL 32240 **Current Mailing Address: New Mailing Address:** P. O. BOX 50163 JACKSONVILLE, FL 32240 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRINKS, LUCY B 446 6TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** () Change (X) Addition FRINKS, BRENDA Name: Name: PO B 50163 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32240-016 US Title: () Delete Title: VΡ () Change (X) Addition Name: Name: NYAGAH, SIMON 10960 ENIWETOK DRIVE Address: Address: JACKSONVILLE, FL 32246 US City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete SEC FRINKS, JAVAN Name: Name: POR 50163 Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32240-016 US Title: () Delete Title: TREA () Change (X) Addition MASON, CHARLES Name: Name: Address: Address: 3770TELEDO ROAD # 28 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA FRINKS PRES 05/01/2004