

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105899

FILED  
Sep 09, 2004  
Secretary of State

Entity Name: US AFRICAN EMERGENCY PRODUCTS, INC.

## Current Principal Place of Business:

3431 NW 27TH AVENUE  
OCALA, FL 34475 US

## New Principal Place of Business:

## Current Mailing Address:

3431 NW 27TH AVENUE  
OCALA, FL 34475 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALM, WILLIAM D  
3431 NW 27TH AVENUE  
OCALA, FL 34475 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: ALM, WILLIAM D  
Address: 3431 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34475 US

Title: D ( ) Delete  
Name: DLOMO, MPHENI  
Address: 3431 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34475 US

Title: D ( ) Delete  
Name: FIFORD, TREVOR  
Address: 3431 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34475 US

Title: D ( ) Delete  
Name: HALL, JAMES WILLIAM  
Address: 3431 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34475 US

## 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 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: WILLIAM D. ALM

D

09/09/2004

Electronic Signature of Signing Officer or Director

Date