

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2005-90068-004-\$158.75-\$158.75

DOCUMENT # P03000106080 1. Entity Name BLACK ATLANTIC MUSEUM OF HISTORY, ART AND CULTURE, INC.					
Principal Place of Business P. O. BOX 147 HAWTHORNE, FL 32640			Mailing Address P. O. BOX 147 HAWTHORNE, FL 32640		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 73-1691558 <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				09082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BENCEN, GERARD H 201 SE 2ND AVE., SUITE 114 GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Ade Ofunniyin Street Address (P.O. Box Number is Not Acceptable) 1827 SR20 Hawthorne, FL City FL Zip Code 32640	
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 Ade Ofunniyin DATE 9/6/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV OFUNNIYIN, ADE A <input type="checkbox"/> Delete P. O. BOX 147 HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OFUNNIYIN, ABENI J <input type="checkbox"/> Delete P. O. BOX 147 HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OFUNNIYIN, BABABI A <input type="checkbox"/> Delete P. O. BOX 147 HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: Ade Ofunniyin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/6/05 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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