

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90010 037 \*\*\*150.00

**DOCUMENT # P05000062285**

1. Entity Name  
**AFRICAN CULTURE PROMOTION, INC.**



Principal Place of Business  
**5392 SILVER STAR ROAD  
ORLANDO, FL 32808**

Mailing Address  
**11414 CYPRESS BAY STREET  
CLERMONT, FL 34711**

**66014914**



**DO NOT WRITE IN THIS SPACE**

05022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**16-1725733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOSU, KWAME DR  
11414 CYPRESS BAY ST.  
CLERMONT, FL 34711**

**DO NOT WRITE  
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: *Dr. Kwame Fosu* *6/20/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

**FILE NOW! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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**

TITLE	<b>VICE PRESIDENT</b>
NAME	<b>PEASAH-OPONG, AUGUSTINA A MRS.</b>
STREET ADDRESS	<b>1438 MARBLE CREST WAY</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>PRESIDENT</b>
NAME	<b>FOSU, KWAME DR.</b>
STREET ADDRESS	<b>11414 CYPRESS BAY STREET</b>
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kwame Fosu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/20/08* *863-688-5427*  
Date Daytime Phone #