

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-23-2007 90056 026 \*\*\*158.75  
P05000128963

<b>DOCUMENT # P05000128963</b> 1. Entity Name <b>AFRICA ALTERNATIVE PRODUCTS INC.</b>					
Principal Place of Business <b>15510 SW 149TH PLACE</b> <del>P.O. BOX 1429</del> <b>ARCHER, FL 32618 US</b>			Mailing Address <b>15510 SW 149TH PLACE</b> <b>P.O. BOX 1429</b> <b>ARCHER, FL 32618 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DR. ADEYEMI A. SMITH</b> <b>15510 SW 149TH PLACE</b> <b>P. O. BOX 1429</b> <b>ARCHER, FL 32618</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>SMITH, ADEYEMI A. PRES.</b> <b>15510 SW 149TH PLACE</b> <b>ARCHER, FL 32618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, ADEYEMI JR. R VICE PR</b> <b>15510 SW 149TH PLACE</b> <b>ARCHER, FL 32618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADDIE, KANYINOLA O</b> <b>15510 SW 149TH PLACE P.O. BOX 1429</b> <b>ARCHER, FL 32618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMMOND, CATHY L SECTRY</b> <b>15510 SW 149TH PLACE</b> <b>ARCHER, FL 32618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, OYINLOLA A</b> <b>15510 SW 149TH PLACE</b> <b>ARCHER, FL 32618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, BOBBY A</b> <b>15510 SW 149TH PLACE</b> <b>ARCHER, FL 32618</b> <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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-20-07</b> Daytime Phone: _____		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**56-2657759** Applied For  
Not Applicable

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

26/14