


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90483 001 ***150.00
05-04-2006 90483 002 *****5.00

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| DOCUMENT # P05000162216 | |  |
| 1. Entity Name HIP HOP POETRY CAFE, INC. | | |

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| Principal Place of Business 1500 NORTH CONGRESS AVENUE C-1 WEST PALM BEACH, FL 33401 | Mailing Address 1500 NORTH CONGRESS AVENUE C-1 WEST PALM BEACH, FL 33401 |
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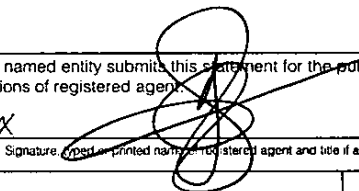
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04272006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-3385062 | Applied For <input type="checkbox"/> Not Applicable |
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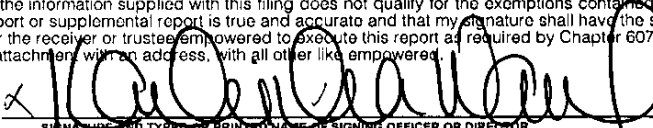
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SHANNON, TIMOTHY L 1009 GREEN PINE BOULEVARD A3 WEST PALM BEACH, FL 33409 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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| 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  | DATE 4/27/06 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, KADEIDRA L <input type="checkbox"/> Delete 1500 NORTH CONGRESS AVENUE, APT.# C-1 WEST PALM BEACH, FL 33401 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elise Gossett, P.O. BOX 275 west palm beach, FL 33402 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR/D SLATER, KIMBERLY D <input type="checkbox"/> Delete 830 EAST TIFFANY DRIVE, #4 WEST PALM BEACH, FL 33407 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D SHANNON, TIMOTHY L <input type="checkbox"/> Delete 1009 A3 GREEN PINE BOULEVARD WEST PALM BEACH, FL 33409 | 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 |
| 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 |
| 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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| 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:  | Date 4/27/06 Daytime Phone # (561) 644-9363 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |