2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025555

City-St-Zip:

LAUDERDALE-LAKES, FL 33311

Entity Name: FELOLU ENTERPRISES INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2800 SON J415	MERSET DRIVE					
	DALE-LAKES, F	L 33311	US			
Current Mailing Address:				New Mailing Address:		
	IERSET DRIVE					
J415 LAUDERE	DALE-LAKES, F	L 33311	US			
FEI Number	: 20-8527363	FEI Numi	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Re	egistered Agent:	Name and Address	of New Registered Agent:	
2800 SOM J415	UN, FELICIA O MERSET DRIVE DALE-LAKES, F	L 33311	US			
	e named entity s e of Florida.	ubmits th	is statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electroni	c Signatu	re of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund	d Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () OGUMEFUN, FE 2800 SOMERSE LAUDERDALE-L	T DRIVE #		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () IDOWU, PAXTO 2800 SOMERSE LAUDERDALE-L	T DRIVE#		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BROWN, IBUKU 2961 TREESIDE CANTON, OH 44	STREET	₩	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () ORENUGA, ELIZ C/O 2800 SOME		¥.1415	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: FELICIA OGUMEFUN P 02/16/2009