


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000058270</b>					
1. Entity Name <b>AFRICAN WORLD SAFARIS, INC.</b>					
Principal Place of Business 1850 HOMEWOOD BLVD STE 402 DELRAY BEACH FL 33445 US		Mailing Address 1850 HOMEWOOD BLVD STE 402 DELRAY BEACH FL 33445 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0516247</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>HUMPHREYS, DAWN</b> <b>1850 HOMEWOOD BLVD</b> <b>STE 402</b> <b>DELRAY BEACH FL 33445</b>		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		<b>FL</b> Zip Code			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMPHREYS, Y.M. DAWN	NAME			
STREET ADDRESS	1850 HOMEWOOD BLVD #402	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	U00000344512 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMPHREYS, ANTHEA G	NAME	04/29/05-80140-007 8.75		
STREET ADDRESS	1850 HOMEWOOD BLVD #402	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	U00000344512 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	04/29/05-80140-008 150.00		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Dawn Humphreys April 29, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #