

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010920

FILED
Apr 16, 2009
Secretary of State

Entity Name: JOEL ILESANMI AFRICAN ART GALLERY, INC.

Current Principal Place of Business:

8612 N 40TH STREET
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

1419 OVERLEA STREET
CLEARWATER, FL 33755

New Mailing Address:

P O BOX 290135
TAMPA, FL 33687 US

FEI Number: 59-3434811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ILESANMI, JOEL
1419 OVERLEA STREET
#9
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ILESANMI, JOEL
Address: 1419 OVERLEA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: VP (X) Delete
Name: ILESANMI, EUNICE
Address: 1419 OVERLEA ST
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ILESANMI, JOEL
Address: 1419 OVERLEA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOEL ILESANMI

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date