06-21-2005 90001 034 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SEC... ...TATE
TALLAHAS...E, FLORIDA

DOCUMENT # P98000076675

1. Entity Name
AFRINAT INTERNATIONAL AIRLINES INC.

Principal Place of Business	Mailing Address
8114B VANILLA OAK TRAIL APT B ORLANDO, FL 32818	8114B VANILLA OAK TRAIL APT B ORLANDO, FL 32818

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2472 Flowering Dogwood Drive	P. O. Box 149791
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32828 Country: Orange	Zip: 32814 Country: Orange

4. FEI Number: 59-3235040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OFORI, SAMUEL 8114 B VANILLA OAK TRAIL ORLANDO, FL 32818	Name: Ofori, Samuel Street Address (P.O. Box Number is Not Acceptable): 2472 Flowering Dogwood Drive City: Orlando FL Zip Code: 32828

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: SAMUEL OFORI 6/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD OFORI, SAMUEL ~~8114B VANILLA OAK TRAIL~~ ~~ORLANDO, FL 32818~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD OFORI, SAMUEL 2472 Flowering Dogwood Drive Orlando FL 32828	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OFORI, SAMUEL ~~8114B VANILLA OAK TRAIL~~ ORLANDO, FL ~~32818~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Ofori Samuel Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OFORI, HANNAH 8114B VANILLA OAK TRAIL ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~Hannah Ofori~~ ~~2472 Flowering Dogwood Drive~~ ~~Orlando, FL 32828~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: (Samuel Ofori) 6/14/05 3219466677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #