


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S67796 1. Entity Name AFRICAN DEVELOPMENT GROUP, INC.	
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Principal Place of Business 204 SOUTH MONROE STREET SUITE 203 TALLAHASSEE, FL 32301	Mailing Address 204 SOUTH MONROE STREET SUITE 203 TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, PETER
204 SOUTH MONROE STREET
SUITE 203
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____

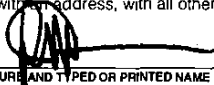
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, PETER 1114 MARION AVENUE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MARIA 1311 STUYVESANT PL STATEN ISLAND, NY 70301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS HARRIS, ELVIRA 1904 MYRICK RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600036049436
05/11/04--01031--017 **150.00

DO NOT WRITE IN THIS SPACE

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:  **April 30, 04** 22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 44

FILED
04 APR 30 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3077919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required