

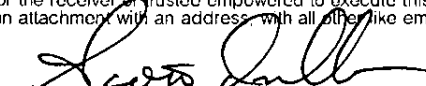


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 803849</b> 1. Entity Name <b>THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS</b>			<b>FILED</b> <b>07 MAR 29 AM 9:41</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business 300 22ND ST OAKBROOK IL 60523-8842 US		Mailing Address 300 22ND ST OAKBROOK IL 60523-8842 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number <b>36-1263962</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent 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 \$61.25                  Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: AOD NAME: LA PETINA, GARY M STREET ADDRESS: 300 22ND ST CITY- ST- ZIP: OAK BROOK IL 60523	<input checked="" type="checkbox"/> Delete	TITLE: AOD NAME: Scott Drumheller STREET ADDRESS: 300 22nd Street CITY- ST- ZIP: Oak Brook, IL 60523	Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: MEHTA, ASHOK F STREET ADDRESS: 95 K. BHULABHAL ROAD, KHATAU MANSION CITY- ST- ZIP: OOMER PARK, MUMBAL, INDIA	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Jimmy M. Ross STREET ADDRESS: PO Box 368 CITY- ST- ZIP: Quitaque, TX 79255	Change <input checked="" type="checkbox"/> Addition
TITLE: AT NAME: SKERIK, MARY ELLEN STREET ADDRESS: 300 22ND STREET CITY- ST- ZIP: OAK BROOK IL 60523	<input type="checkbox"/> Delete	200095815032 04/04/07--01048--015 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ANDERSON, BILL STREET ADDRESS: 180 MEADOWVIEW DRIVE CITY- ST- ZIP: HANOVER PA 17331	<input checked="" type="checkbox"/> Delete	TITLE: Robert Eichhorn (Director) NAME: 4301 St. Francis St. STREET ADDRESS: Columbia, SC 29221 CITY- ST- ZIP:	Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CHAFFIN, RICHARD STREET ADDRESS: 1896 TEBERNACLE LANE CITY- ST- ZIP: FOREST VA 24551	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: H. David Fiandt STREET ADDRESS: 2007 Lawndale Drive CITY- ST- ZIP: Ft. Wayne, IN 46805	Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CRAWFORD, WILLIAM J STREET ADDRESS: 1731 TATTENHAM RD CITY- ST- ZIP: ENCINATAS CA 92024	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Wayne Heiman STREET ADDRESS: 520 Grove Street CITY- ST- ZIP: manawa, WI 54949	Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:**  **Scott Drumheller, Secretary** 1/24/07 1-630-571-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #