


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 014 ***150.00

DOCUMENT # N03000007405

1. Entity Name
SUSTAINABLE CAMBODIA, INC.



Principal Place of Business
**1110 NE THIRD ST
 GAINESVILLE, FL 32601**

Mailing Address
**1110 NE THIRD ST
 GAINESVILLE, FL 32601**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0175973

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, RICHARD R
 1110 NE THIRD ST
 GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP LASKY, BRUCE**
 STREET ADDRESS **2221 NW 36 DR**
 CITY-ST-ZIP **GAINESVILLE, FL 32625**

TITLE Change Addition

TITLE Delete
 NAME **DV YEANG, SAKKONY**
 STREET ADDRESS **#139E2 ST 15 PHASKANDAL, 11, DOUN PENH**
 CITY-ST-ZIP **PHNOM PENH, CAMBODIA,**

TITLE Change Addition
 NAME **OV PRED, DAVID A**
 STREET ADDRESS **2110 NE 211 STREET**
 CITY-ST-ZIP **MIAMI, FL 33179**

TITLE Delete
 NAME **D GILBERG, TROND**
 STREET ADDRESS **#139E2 ST-15 PHASKANDAL, 11, DOUN PENH**
 CITY-ST-ZIP **PHNOM PENH, CAMBODIA,**

TITLE Change Addition

TITLE Delete
 NAME **CFO ALLEN, RICHARD R**
 STREET ADDRESS **1110 NE 3RD ST**
 CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE Change Addition

TITLE Delete
 NAME **DT ALLEN, RICHARD R**
 STREET ADDRESS **1110 NE 3RD ST**
 CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE Change Addition

TITLE Delete
 NAME **DS MASTIN, SUSAN J**
 STREET ADDRESS **1110 NE 3RD ST**
 CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE 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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 352 317 2954
 Date Daytime Phone #