


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 048 ****61.25

DOCUMENT # N03000007405

1. Entity Name
SUSTAINABLE CAMBODIA, INC.



Principal Place of Business
 101 SE 2ND PL
 STE 201-B
 GAINESVILLE, FL 32601

Mailing Address
 1110 NE THIRD ST
 GAINESVILLE, FL 32601

40076427



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03292007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 20-0175973

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	DM* <input type="checkbox"/> Delete
NAME	LASKY, BRUCE
STREET ADDRESS	2221 NW 38 DR
CITY - ST - ZIP	GAINESVILLE, FL 32625
TITLE	DV <input type="checkbox"/> Delete
NAME	PRED, DAVID A
STREET ADDRESS	4111 WALNUT ST, #2812
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	CEO <input type="checkbox"/> Delete
NAME	ALLEN, RICHARD R
STREET ADDRESS	1110 NE 3RD ST
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	DP <input type="checkbox"/> Delete
NAME	ALLEN, RICHARD R
STREET ADDRESS	1110 NE 3RD ST
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	DST <input type="checkbox"/> Delete
NAME	MASTIN, SUSAN J
STREET ADDRESS	1110 NE 3RD ST
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR / VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	144 HE STREET 143, BKK III
CITY - ST - ZIP	PHNOM PENH, CAMBODIA
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	144 HE STREET 143, BKK III
CITY - ST - ZIP	PHNOM PENH, CAMBODIA
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan J. Mastin **SUSAN J. MASTIN** 3/29/07 352 378-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #