## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000006

Entity Name: ASON INTERNATIONAL, INC.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	AR BAY DRIVE NE, FL 32934	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	AR BAY DRIVE NE, FL 32934	US			
FEI Number:	59-3484464	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ABRAMSON, ELLEN 3120 CEDAR BAY DRIVE MELBOURNE, FL 32934 US					
The above in the State		ubmits this statement for the purpose	of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () E ABRAMSON, ELL 3120 CEDAR BA MELBOURNE, FL	Y DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () E ERIKSEN, WALT 9624 LAKE DOUG ORLANDO, FL 3	GLAS PL	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ERIKSEN, WALTER A JR 9624 LAKE DOUGLAS PL ORLANDO, FL 328172630	
Title: Name: Address: City-St-Zip:	TD () E ZIRBEL, LAURA 1499 SUMMERLA WINTER PARK, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E OTULAKOWSKI, 6313 KELLY RD CASS CITY, MI		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PLATTS, CAMERON 11 BATTERY BEND CT MONTGOMERY VILLAGE, MD 20886	
Title: Name: Address: City-St-Zip:	PLATTS, KRISTE 11 BATTERY BEI		Title: Name: Address: City-St-Zip:	CD (X) Change ( ) Addition PLATTS, KRISTEN 11 BATTERY BEND CT. MONTGOMERY VILLAGE, MD 20886	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	SD ( ) Change (X) Addition VIOLA, MORRIS 273 SANDY RUN MELBOURNE, FL 32940	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN J ABRAMSON PRES 01/25/2005