

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000006

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: ASON INTERNATIONAL, INC.

**Current Principal Place of Business:**

3120 CEDAR BAY DRIVE  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

3120 CEDAR BAY DRIVE  
MELBOURNE, FL 32934 US

**New Mailing Address:**

FEI Number: 59-3484464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABRAMSON, ELLEN  
3120 CEDAR BAY DRIVE  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABRAMSON, ELLEN  
Address: 3120 CEDAR BAY DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: JOHNSON, CHRIS  
Address: 1217 6TH CIRCLE SE  
City-St-Zip: WASECA, MN 56093

Title: TD ( ) Delete  
Name: ZIRBEL, LAURA  
Address: 1499 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL 32789 14

Title: D ( ) Delete  
Name: PLATTS, CAMERON  
Address: 11 BATTERY BEND CT  
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: CD ( ) Delete  
Name: PLATTS, KRISTEN  
Address: 11 BATTERY BEND CT.  
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: D ( ) Delete  
Name: VIOLA, MORRIS  
Address: 273 SANDY RUN  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TCD (X) Change ( ) Addition  
Name: ZIRBEL, LAURA  
Address: 1499 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ERIKSEN, WALTER  
Address: 9624 LAKE DOUGLAS PL  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date