

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N98000000006

Entity Name: ASON INTERNATIONAL, INC.

Current Principal Place of Business:

3120 CEDAR BAY DRIVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

1840 SARNO RD
MELBOURNE, FL 32935 US

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 (X)

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

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

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

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: SD (X) Change () Addition
Name: JOHNSON, CHRIS
Address: 1217 6TH CIRCLE SE
City-St-Zip: WASECA, MN 56093

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

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

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

Title: D (X) Change () Addition
Name: ROB, MCCLELAND
Address: 0N661 MARION AVE
City-St-Zip: WHEATON, IL 60187 US

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

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date