2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16342

FILED Apr 26, 2006 Secretary of State

Entity Name: ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O 25 S. MAGNOLIA AVE
ORLANDO, FL 32801 US
C/O 549 TERRACE COVE WAY
ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1586

ORLANDO, FL 328021586 US

FEI Number: 59-3217297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LASCH, MARLENE RINA, BROTHERS L
25 S. MAGNOLIA AVENUE 549 TERRACE COVE WAY
ORLANDO, FL 32801 US ORLANDO, FL 32828 US

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.

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SIGNATURE: RINA BROTHERS 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 LASCH, MARLENE
 Name:
 BROTHERS, RINA L

 Address:
 25 S. MAGNOLIA AVE
 Address:
 549 TERRACE COVE WAY

Address: 25 S. MAGNOLIA AVE Address: 549 TERRACE COVE WAY
City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32828 US

Title: SD () Delete Title: VP (X) Change () Addition

 Name:
 KHOURISADER, SHIRLEY Z
 Name:
 WRIGHT, MICHAEL

 Address:
 160 INTERNATIONAL PARKWAY, SUITE 200
 Address:
 8623 COMMODITY CIRCLE

 City-St-Zip:
 HEATHROW, FL 32746
 City-St-Zip:
 ORLANDO, FL 32819 US

Title: D () Delete Title: D (X) Change () Addition Name: BROTHERS, RINA Name: WONG, ADA

Address: 549 TERRACE COVE WAY Address: P.O. BOX 5352

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: WINTER PARK, FL 32793 US

Title: D () Delete Title: D (X) Change () Addition Name: MODOMO, LYNDON Name: DANTES, ALELI

Address: 520 N ORLANDO AVE, SUITE 27 Address: 530 SRONAL RAGEN BLVD.
City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete Title: D (X) Change () Addition Name: WRIGHT, MICHAEL Name: KIM, MICHELLE

Address: 8623 COMMODITY CR Address: 11561 LAKE UNDERHILL RD. City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32825 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FORBES, NANCY
 Name:
 FARNER, CICELIA

 Address:
 6586 UNIVERSITY BLVD, SUITE 7
 Address:
 P.O. BOX 781261

 City-St-Zip:
 ORLANDO, FL 32792
 City-St-Zip:
 ORLANDO, FL 32878 US

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: RINA BROTHERS PD 04/26/2006

Electronic Signature of Signing Officer or Director

Date