


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90054 001 \*\*\*\*61.25

<b>DOCUMENT # 700828</b>		
1. Entity Name <b>THE YASME FOUNDATION INC</b>		

Principal Place of Business <b>P.O. BOX 2025 CASTRO VALLEY, CA 94546</b>	Mailing Address <b>P.O. BOX 2025 CASTRO VALLEY, CA 94546</b>
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**50006250**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>94-1628934</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCHENRY, CHARLES E 2802 S.E. PERU ST PORT SAINT LUCIE, FL 34984</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	MILLS, WAYNE	195 DUNCASTER ROAD BLOOMFIELD, CT 06002				
	TD	EPPS, CHARLES K	1551 HANDLEY TRAIL REDWOOD CITY, CA			651 HANDLEY TRAIL REDWOOD CITY, CA 94062	
	VD	LAUN, ALFRED A III	5801 HUNT LAND ROAD TEMPLE HILLS, MD 20748			5801 HUNT LAND ROAD	
	SD	EDWARDS, G KIP	1132 REGENCY WAY TAHOE VISTA, CA 96148				

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

<b>SIGNATURE:</b>	<b>CHARLES K. Epps</b>	<b>JANUARY 20, 2005</b>	<b>(650) 365-5918</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #