2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 700828

1. Entity Name
THE YASME FOUNDATION INC

Principal Place of Business	Mailing Address
P.O. BOX 2025 CASTRO VALLEY, CA 94546	P.O. BOX 2025 CASTRO VALLEY, CA 94546

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
94-1628934 -- ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCHENRY, CHARLES E
2802 S.E. PERU ST
PORT SAINT LUCIE, FL 34984

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLS, WAYNE
STREET ADDRESS	195 DUNCASTER ROAD
CITY-ST-ZIP	BLOOMFIELD, CT 06002
TITLE	TD
NAME	EPPS, CHARLES K
STREET ADDRESS	651 HANDLEY TRAIL
CITY-ST-ZIP	REDWOOD CITY, CA 94062
TITLE	VD
NAME	LAUN, ALFRED A III
STREET ADDRESS	5801 HUNTLAND ROAD
CITY-ST-ZIP	TEMPLE HILLS, MD 20748
TITLE	SD
NAME	EDWARDS, G KIP
STREET ADDRESS	1132 REGENCY WAY
CITY-ST-ZIP	TAHOE VISTA, CA 96148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80014-020 61.25

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

SIGNATURE: _____ CHARLES K. Epps 26 JAN. 2006 650 365-5918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #