
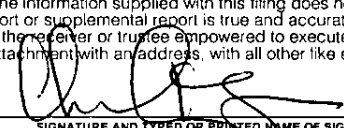


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90034 016 \*\*\*\*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>		
2. Principal Place of Business - No P.O. Box # <b>651 HANDLEY TRAIL</b>		3. Mailing Address <b>PO BOX 20578</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>EMERALD HILLS, CA</b>		City & State		4. FEI Number <b>94-1628934</b>	
Zip <b>94062</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCHENRY, CHARLES E 2802 S.E. PERU ST PORT SAINT LUCIE, FL 34984</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, WAYNE 195 DUNCASTER ROAD BLOOMFIELD, CT 06002	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPPS, CHARLES K 651 HANDLEY TRAIL REDWOOD CITY, CA 94062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAUN, ALFRED A III 5801 HUNT LAND ROAD TEMPLE HILLS, MD 20748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, G KIP 1132 REGENCY WAY TAHOE VISTA, CA 96148	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>CHARLES K. Epps</b> <b>22 JAN. 2007</b> <b>650 365-5918</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					