

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002683

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN EDUCATIONAL ASSISTANCE CORPORATION

Current Principal Place of Business:

13313 US HWY 19
HUDSON, FL 34667

New Principal Place of Business:

16609 US HWY 19N
HUDSON, FL 34667

Current Mailing Address:

POST OFFICE BOX 5770
HUDSON, FL 34674

New Mailing Address:

FEI Number: 02-0606258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAZDA, MARIE
13313 US HWY 19
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

GAZDA, MARIE
12410 PARTRIDGE HILL ROW
HUDSON, FL 34667 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.

SIGNATURE: MARIE GAZDA

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAZDA, MARIE
Address: 13313 US HWY 19
City-St-Zip: HUDSON, FL 34667

Title: VD () Delete
Name: LI, TIM
Address: 13313 US HWY 19
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Delete
Name: WONG, HING L
Address: 7930 BAY POINTE DR C16
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: GAZDA, MICHAEL
Address: 12410 PARTRIDGE HILL ROW
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAZDA, MARIE
Address: 12410 PARTRIDGE HILL ROW
City-St-Zip: HUDSON, FL 34667

Title: VD (X) Change () Addition
Name: LI, TIM
Address: 12410 PARTRIDGE HILL ROW
City-St-Zip: HUDSON, FL 34667

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

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

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: MARIE GAZDA

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date