2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# F98000004258

Entity Name: FOUNDATION FOR ACADEMIC CULTURAL EXCHANGE, INC.

Current Principal Place of Business:

4104 NW 68 DR
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4104 NW 68 DR
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 94-3029085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, RICHARD S
4104 NW 68 DR
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HAYASHI, TAKAHO	
Address:	4104 NW 68 DR	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	VTD	( ) Delete
Name:	MOSS, RICHARD S	
Address:	4104 NW 68 DR	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	SD	( ) Delete
Name:	MOSS, BEVERLY C	
Address:	4104 NW 68 DR	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	D	( ) Delete
Name:	SCOTT, DOUGLASS J	
Address:	1435-86 MATSUBARO-CHO	
City-St-Zip:	HIKONE SHIGA JAPAN 522-0002,	
Title:	D	( ) Delete
Name:	MIZUKATA, KIICHIRO	
Address:	2-14-2 NAGATA-CHO, ROOM 411 SAUNO GRAND BG	
City-St-Zip:	CHIYODA-KU-TOKAYO 100 JAPAN,	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	RISKE, ROGER PHD	
Address:	2601 OCEAN PARK BLVD	
City-St-Zip:	SANT MONICA, CA 90405	

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: RICHARD S. MOSS VPD 02/26/2008
Electronic Signature of Signing Officer or Director — Date