## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # J36436 06 JAN 20 PM 12: 08 **ASO CORPORATION** Principal Place of Business Mailing Address 300 SARASOTA CENTER BLVD. 300 SARASOTA CENTER BLVD. SARASOTA, FL 34240 SARASOTA, FL 34240 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 59-2738799 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACASKILL, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 300 SARASOTA CENTER BLVD SARASOTA, FL 34231 City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME KUKI, YASUHIRO NAME 91 TSUKURE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KUMAMOTO, JAPAN, CITY-ST-ZIP ☐ Change TILE ☐ Delete TITLE Addition 800065197738 02/06/06--01020--006 \*\*\*200 MACASKILL, JOHN D NAME NAME STREET ADDRESS 1416 CEDER BAY LANE STREET ADDRESS \*\*200.00 CiTY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KUKI, KOSUKE NAME NAME STREET ADDRESS 91 TSUKURE STREET ADDRESS CITY-ST-ZIP KUMAMOTO, JAPAN, CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition PELLEGRINO, JOHN C NAME STREET ADDRESS 300 SARASOTA CENTER BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete Change ■ Addition NAME ARCE, LUIS A NAME STREET ADDRESS 300 SARASOTA CENTER BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chanced, or on an attachment with an address, with all other like extracted. changed, or on an attachment with an address, with all other 941-379 0300 EX1148 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

1123