2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62256

Title:

Name:

Address:

FILED Apr 11, 2006 Secretary of State

Entity Na	me: ASA INVE	ST ONE CORP.				
Current Principal Place of Business:			ı	New Principal Place of Business:		
STE. D-1	SKE BLVD DGE, FL 32955	US	[2990 S. FISKE BLVD D-1 ROCKLEDGE, FL 32955	US	
Current Mailing Address:				New Mailing Address:		
2990 S. FISKE BLVD STE. D-1 ROCKLEDGE, FL 32955 US			[2990 S. FISKE BLVD D-1 ROCKLEDGE, FL 32955	US	
FEI Number	: 59-2960631	FEI Number Applied For ()	FEI Numb	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WALSER, WILHELM A 2990 S FISKE BLVD D-1 ROCKLEDGE, FL 32955 US			2	WALSER, WILHELM A 2990 S FISKE BLVD D-1 ROCKLEDGE, FL 32955 US		
	e named entity so e of Florida.	ubmits this statement for the p	urpose of	changing its registered of	fice or registered agent, or both,	
SIGNATURE:				04/11/2006		
	Electronic	Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SV ()[BECK, MANUELA 2990 S. FISKE B ROCKLEDGE, F	LVD., #B-4	1	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () [KNELLWOLF, JA 2990 S. FISKE B ROCKLEDGE, FI	LVD., #B-4	1	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	PD () [WALSER, WILHI 2990 S. FISKE B ROCKLEDGE, FI	LVD., #D-1	1	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zin:	AS ()[HOEGGER, NICO 2990 S. FISKE B ROCKLEDGE F	LVD., #B-4	1	Title: () Name: Address: City-St-Zin:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILHELM WALSER PD 04/11/2006

() Delete

WALSER, MARIA T

City-St-Zip: ROCKLEDGE, FL 32955

2990 S. FISKE BLVD. D-1

(X) Change () Addition

WALSER, OLIVER W

2990 S. FISKE BLVD. D-1

ROCKLEDGE, FL 32955