
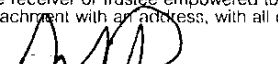


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90021 017 \*\*\*\*70.00

<b>DOCUMENT # N00000000091</b>					
<b>1. Entity Name</b> ASIA CONNECTION INC.					
<b>Principal Place of Business</b> 4725 EL DORADO DRIVE TAMPA FL 33615-5032 US			<b>Mailing Address</b> P.O. BOX 260475 TAMPA FL 33685-0475 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  ROSE, WILLIAM E 4725 EL DORADO DRIVE TAMPA FL 33615-5032				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ROSE, WILLIAM E <input type="checkbox"/> Delete 4725 EL DORADO DRIVE TAMPA FL 33615-5032				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD HEUBECK, KERRY <input type="checkbox"/> Delete P.O. BOX 114 SAN CRISTOBAL NM 87564				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD SMITH, HILARY <input type="checkbox"/> Delete 40 OLD CEMETERY ROAD BOX 72 PEACHAM VT 05862-0072				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD ROSE, EDWARD K <input type="checkbox"/> Delete 3570 SACRAMENTO ST APT 301 SAN FRANCISCO CA 94118				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD SHELHAMER, H'KRIH <input type="checkbox"/> Delete 11904 4TH STREET NORTH APT 1209 ST PETERSBURG FL 33716				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD HAVICAN, JOHN <input type="checkbox"/> Delete 14808 ASHFARI CIRCLE FLORISSANT MO 63034-1502				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHELHAMER, H'KRIH 2316 N. 8TH STREET TACOMA WA 98403					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>					
<b>SIGNATURE:</b>  <b>WILLIAM E. ROSE</b> <b>FEB. 9, 2006</b> <b>813-901-9766</b>					



1st MOORE CR2E037 (10/05)

**4. FEI Number** 59-3619790 ☐ Applied For ☒ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**