


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000091</b> 1. Entity Name ASIA CONNECTION INC.	
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Principal Place of Business 4725 EL DORADO DRIVE TAMPA, FL 33615-5032 US	Mailing Address P.O. BOX 260475 TAMPA, FL 33685-0475 US
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3619790	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROSE, WILLIAM E 4725 EL DORADO DRIVE TAMPA, FL 33615-5032
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, WILLIAM E 4725 EL DORADO DRIVE TAMPA, FL 336155032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HEUBECK, KERRY P.O. BOX 114 SAN CRISTOBAL, NM 87564
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SMITH, HILARY 40 OLD CEMETERY ROAD BOX 72 PEACHAM, VT 058620072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROSE, EDWARD K 3570 SACRAMENTO ST APT 301 SAN FRANCISCO, CA 94118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHELHAMER, H'KRIH 2316 N 8TH ST TACOMA, WA 98403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HAVICAN, JOHN 14808 ASHFARI CIRCLE FLORISSANT, MO 630341502

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U00000649485  
03/07/07-80051-006 70.00

12. I hereby certify that the information supplied with this filing 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 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.

**SIGNATURE:** WILLIAM E. ROSE 2-22-07 (813) 901-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #