


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

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90458 004 \*\*\*\*61.25

<b>DOCUMENT # N03000005107</b>	
<b>1. Entity Name</b>	
THE ALL AMERICAN SCHOLARSHIP TOUR FOUNDATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
559 PALMETTO DR MELBOURNE FL 32935	559 PALMETTO DR MELBOURNE FL 32935

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>	<b>Applied For</b>
43-2051345	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
DELOACH, RONALD 559 PALMETTO DR MELBOURNE FL 32935	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing) DATE

<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</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DELOACH, RONALD	<b>NAME</b>	
<b>STREET ADDRESS</b>	559 PALMETTO DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MELBOURNE FL 32935	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DELOACH, KRISTINA	<b>NAME</b>	
<b>STREET ADDRESS</b>	559 PALMETTO DR	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MELBOURNE FL 32935	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JONES, ELIZABETH	<b>NAME</b>	
<b>STREET ADDRESS</b>	1020 S SPRING GARDEN AVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	DELAND FL 32720	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FASHANO, MARILYN	<b>NAME</b>	
<b>STREET ADDRESS</b>	3200 LEGENDARY LN	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MELBOURNE FL 32935	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CP;OMS, DAVOD	<b>NAME</b>	Collins, David
<b>STREET ADDRESS</b>	189 CAMBRIDGE LN	<b>STREET ADDRESS</b>	994 Wilson Street
<b>CITY-ST-ZIP</b>	MELBOURNE FL 32935	<b>CITY-ST-ZIP</b>	Melbourne, Florida 32935
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</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.

**SIGNATURE:** *Ronald A. DeLoach* **RONALD A. DELOACH** 1-31-06 (321) 253-4966