2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# N03000005107

Entity Name: THE ALL AMERICAN SCHOLARSHIP TOUR FOUNDATION, INC.

Current Principal Place of Business:

559 PALMETTO DR
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

559 PALMETTO DR
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 43-2051345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELOACH, RONALD
559 PALMETTO DR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DELOACH, RONALD
Address: 559 PALMETTO DR
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: DELOACH, KRISTINA
Address: 559 PALMETTO DR
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: JONES, ELIZABETH
Address: 1020 S SPRING GARDEN AVE
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: FASHANO, MARILYN
Address: 3200 LEGENDARY LN
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: NORTON, JAMES M
Address: 407 AMHERST AVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD DELOACH D 06/02/2009
Electronic Signature of Signing Officer or Director — Date