## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010849

Entity Name: FLORIDA-CHINA ASSOCIATION, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2801 PONCE DE LEON BOULEVARD 9600 NW 38TH STREET

 SUITE 700
 SUITE 215-B

 CORAL GABLES, FL 33134
 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

PO BOX 523530 MIAMI, FL 33152

FEI Number: 20-0539062 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: Name and Address of New Registered Agent:

DAVID, WOODWARD

2801 PONCE DE LEON BLVD

SUITE 700

CORAL GABLES, FL 33134 US

DAVID, WOODWARD

9600 NW 38TH STREET

SUITE 215-B

DORAL, FL 33178 US

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: 05/01/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD ( ) Delete Title: MD (X) Change ( ) Addition Name: SUMRALL, HAL Name: WOODWARD, DAVE

Address: 5037 BERMUDA CIRCLE Address: 9600 NW 38TH STREET City-St-Zip: ORLANDO, FL 32808 City-St-Zip: DORAL, FL 33178

Title: VCD ( ) Delete Title: CD (X) Change ( ) Addition

Name: CASTORO, WILLIAM Name: PRITCHARD, SIBILLE

 Address:
 P.O. BOX 3281
 Address:
 401 WEST COLONIAL DRIVE, STE. 7

 City-St-Zip:
 SEMINOLE, FL 337753281
 City-St-Zip:
 ORLANDO, FL 32804

Title: STD ( ) Delete Title: VCD (X) Change ( ) Addition

Name: PRITCHARD, SIBILLE Name: SACCO, PAUL

Address: 401 WEST COLONIAL DRIVE, STE. 7 Address: 7887 BRYAN DAIRY ROAD, SUITE 120

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: LARGO, FL 33777

Title: ( ) Delete Title: STD ( ) Change (X) Addition

Name: Name: BREEN, MICHAEL

 Address:
 Address:
 THREE INDEPENDENT DRIVE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 WRIEDEN, JOHN PROF.

 Address:
 Address:
 UNIVERSITY PARK

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33199

Title: D ( ) Change (X) Addition

Name: Name: BERSIA, JOHN

Address: Address: PH 202 4000 CENTRAL FLORIDA BLVD.

City-St-Zip: City-St-Zip: ORLANDO, FL 32816

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: DAVE WOODWARD MD 05/01/2007