

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009048

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** BOASSO AMERICA CORPORATION EMPLOYEE RELIEF FUND, INC.

**Current Principal Place of Business:**

16230 DEZAVALA ROAD  
CHANNELVIEW, TX 77530

**New Principal Place of Business:**

**Current Mailing Address:**

16230 DEZAVALA ROAD  
CHANNELVIEW, TX 77530

**New Mailing Address:**

**FEI Number:** 20-3408423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILL, ROBERT J  
4811 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 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: DP ( ) Delete  
Name: BOASSO, WALTER J  
Address: 16230 DEZAVALA ROAD  
City-St-Zip: CHANNELVIEW, TX 77530

Title: DVPS ( ) Delete  
Name: GIROIR, SCOTT D  
Address: 16230 DEZAVALA ROAD  
City-St-Zip: CHANNELVIEW, TX 77530

Title: DT ( ) Delete  
Name: SHOWALTER, ROBERT E  
Address: 16230 DEZAVALA ROAD  
City-St-Zip: CHANNELVIEW, TX 77530

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E. SHOWALTER

DT

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date