2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N07000008302

Entity Name: INDOCHINA PARTNERS, INC.

Current Principal Place of Business:

6151 NE 185 TERRACE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

6151 NE 185 TERRACE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 26-0743723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVENS, RONALD W
280 E. HATHAWAY AVE.
BRONSON, FL 32621 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: PD ( ) Delete
Name: CLARKE, CHESTER
Address: 6151 NE 185 TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: TR ( ) Delete
Name: CLARKE, BEVERLY
Address: 6151 NE 185 TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete
Name: HARRIS, WAYNE
Address: 530 TASESCHEE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DR ( ) Change (X) Addition
Name: CHESSER, JOHN
Address: 36725 FRAZEE HILL ROAD
City-St-Zip: DADE CITY, FL 33523 63

Title: DR ( ) Change (X) Addition
Name: EVANS, GREG
Address: 5270 NE CR 340
City-St-Zip: HIGH SPRINGS, FL 32643

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: CHESTER A CLARKE, JR PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date