

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006926

FILED
Apr 09, 2010
Secretary of State

Entity Name: BRIDGES ACROSS BORDERS SOUTHEAST ASIA, INC.

Current Principal Place of Business:

1834 NE 8TH ST.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 662
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 26-3200876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MANNY
1834 NE 8TH ST.
GAINESVILLE, FL 32609 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: P
Name: LASKY, BRUCE A.
Address: 8 SOI. 6, T. SUAN DOK, T. SUTHEP, A. MUANG
City-St-Zip: CHIANG MAI, THAILAND, 50200,

Title: VP
Name: PRED, DAVID
Address: 144 H. ST. 143. BKK III
City-St-Zip: PHNOM PENH CAMBODIA,

Title: FO
Name: MARTINEZ, MANNY
Address: 1834 NE 8TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: SD
Name: MORLEY, KEVIN
Address: #01-18,50C FABER CREST
City-St-Zip: FABER HEIGHTS, SINGAPORE, 129197

Title: D
Name: MORRISH, WENDY
Address: 16 SOI. 6, T. SUAN DOK
City-St-Zip: T. SUTHEP, A. MUANG, CM 50200 TH

Title: D
Name: LEVITT, JOANNA
Address: 2139 GOLDEN GATE AVE
City-St-Zip: SAN FRANCISCO, CA 94118 US

I hereby 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 all other like empowered.

SIGNATURE: BRUCE A. LASKY

P

04/09/2010

Electronic Signature of Signing Officer or Director

Date