

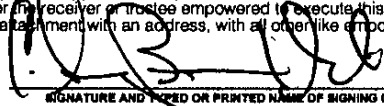


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N08461 1. Entity Name ASIA SOCIETY OF CENTRAL FLORIDA, INC.			
Principal Place of Business P.O. BOX 814 WINTER PARK, FL 32790		Mailing Address P.O. BOX 814 WINTER PARK, FL 32790	
DO NOT WRITE IN THIS SPACE			
			
		03082007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2507148	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, TAYLOR D 1539 GLENCOE ROAD WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000663993 03/22/07-80027-006 61.25	
TITLE D NAME VAN BREEMAN, JOHN STREET ADDRESS 2599 VIA TUSCANY CITY-ST-ZIP WINTER PARK, FL 32789			
TITLE VP NAME WARD, TAYLOR D STREET ADDRESS 1539 GLENCOE RD. CITY-ST-ZIP WINTER PARK, FL 32789			
TITLE TD NAME BUTTERFIELD, GAIL STREET ADDRESS 723 SYBILWOOD CIR. CITY-ST-ZIP WINTER SPRINGS, FL 32708			
TITLE SD NAME BUTTERFIELD, GEORGE STREET ADDRESS 723 SYBILWOOD CIR. CITY-ST-ZIP WINTER SPRINGS, FL 32708			
TITLE P NAME SULLIVAN, GENE STREET ADDRESS 2423 VIA SIENNA CITY-ST-ZIP WINTER PARK, FL 32789			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 3/8/07 4075492-7901 Daytime Phone #	