

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16342

FILED
Apr 03, 2007
Secretary of State

Entity Name: ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

C/O 549 TERRACE COVE WAY
ORLANDO, FL 32828 US

New Principal Place of Business:

301 EAST PINE STREET
ORLANDO, FL 32801 US

Current Mailing Address:

P.O. BOX 1586
ORLANDO, FL 328021586 US

New Mailing Address:

FEI Number: 59-3217297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINA, BROTHERS L
549 TERRACE COVE WAY
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

SZYMANSKI, REBECCA
301 EAST PINE STREET
ORLANDO, FL 32801 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: BECKY SZYMANSKI

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROTHERS, RINA L
Address: 549 TERRACE COVE WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: VP () Delete
Name: WRIGHT, MICHAEL
Address: 8623 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: D () Delete
Name: WONG, ADA
Address: P.O. BOX 5352
City-St-Zip: WINTER PARK, FL 32793 US

Title: D () Delete
Name: DANTES, ALELI
Address: 530 SRONAL RAGEN BLVD.
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: KIM, MICHELLE
Address: 11561 LAKE UNDERHILL RD.
City-St-Zip: ORLANDO, FL 32825 US

Title: D (X) Delete
Name: FARNER, CICELIA
Address: P.O. BOX 781261
City-St-Zip: ORLANDO, FL 32878 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SZYMANSKI, REBECCA
Address: 301 EAST PINE STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: VP (X) Change () Addition
Name: YON, NINA
Address: P.O. BOX 1586
City-St-Zip: ORLANDO, FL 328021586 US

Title: D (X) Change () Addition
Name: HO, CHRISTINE
Address: P.O. BOX 1586
City-St-Zip: ORLANDO, FL 328021586 US

Title: D (X) Change () Addition
Name: WONG, SHALLY
Address: P.O. BOX 1586
City-St-Zip: ORLANDO, FL 328021586

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: SHALLY WONG

D

04/03/2007

Electronic Signature of Signing Officer or Director

Date