2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N43410

Entity Name: CAMBODIAN AMERICAN ASSISTANT ASSOCIATIOBN OF FLORIDA, INC.

Current Principal Place of Business:

5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3073989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALY, BUN JOHN
5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709 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: SALY, BUN JOHN DP
Address: 5371 68TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: DS ( ) Delete
Name: MENE, SOBINAMEY
Address: 6173 71ST ST. N.
City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: DV ( ) Delete
Name: LON, PENH DV
Address: 2600 35TH ST N
City-St-Zip: ST. PETERSBURG,, FL 33713 US

Title: DT ( ) Delete
Name: MEN, MON DT
Address: 2419 16TH AVE N
City-St-Zip: ST.PETERSBURG,, FL 33713 US

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BUN JOHN SALY DP 03/15/2009

Electronic Signature of Signing Officer or Director — Date