


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000006013	
1. Entity Name COMBINED FORCES U.S. NAVY ASIATIC FLEET 1910-1942, INC.	

Principal Place of Business 4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712	Mailing Address 4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3358068		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 ALAN S. CHRISTNER, JR. P.A. 401 SECOND ST., EAST SUITE 231 INDIAN ROCKS BEACH FL 34635		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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** _____

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME SLAUGHTER, JOHN STREET ADDRESS 3801 CANTERBURY RD., UNIT 812 CITY-ST-ZIP BALTIMORE MD 23218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS U00000636399 CITY-ST-ZIP 02/26/07-80015-009 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ASHE, WALTER STREET ADDRESS 40 SHOREWOOD DR. CITY-ST-ZIP ASHEVILLE NC 28804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ANKERBERG, CHARLES W STREET ADDRESS 4114 NARVAREZ WAY SOUTH CITY-ST-ZIP ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME KESTER, RAY D STREET ADDRESS 6128 SHERBORN LANE CITY-ST-ZIP SPRINGFIELD VA 22152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-7-07 (727) 867-3891**