2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

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1. Entity Nam THE JAC	MENT # N96000004 KSONVILLE CAMBODIAN SAVY RATTANARAM.						•	46 039 ****′		
Principal Plac 4540 CLINTO JACKSONVILL		Mailing Address 4540 CLINTON AVENUE JACKSONVILLE, FL 3220)7			00289				
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282007	Chg-NP	CR	2E037 (12/06)		
City & Stat	e	City & State			4. FEI Number 59-345			<u> </u>	oplied For	
: Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registe	red Agent		
HENG, SI	THONG		Name							
4540 CLIN	TON AVENUE VILLE, FL 32207		Street A	Address (F	P.O. Box Number	er is Not Accept	table)			
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	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office of	r registere	ed agent, or bot	h, in the State o	of Florida. I	am familiar with,	and accept	
]										
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)		D	ATE		
SIGNATURE	Signature, typed or printed name of registered agen.	 1	Registered Agent signat		_	<u> </u>				
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May B Added to Fees	e	Make c	heck payable t		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees		Make c Florida De	heck payable t	tate	
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 / 01/ 2007