

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N96000006318

Entity Name: AIKIDO ASU SHINDAI, INC.

**Current Principal Place of Business:**

1940 BRENGLE AVE.  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 BRENGLE AVE.  
ORLANDO, FL 32808 US

**New Mailing Address:**

FEI Number: 59-3430165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOKER, DENNIS  
1940 BRENGLE AVE  
ORLANDO, FL 32808 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: PD ( ) Delete  
Name: HOOKER, DENNIS  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: JONES, DAVID PH.D.  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

Title: VD ( ) Delete  
Name: CANIN, BRIAN  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

Title: SD ( ) Delete  
Name: GILLESPIE, GIL  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: FASEN, STEPHEN  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: KRISTEN, KUEBLER  
Address: 1940 BRENGLE AVE  
City-St-Zip: ORLANDO, FL 32808

**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:

Title: D (X) Change ( ) Addition  
Name: FASEN, STEPHEN A  
Address: 1940 BRENGLE AVENUE  
City-St-Zip: ORLANDO, FL 32808

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: STEPHEN A FASEN

D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date