

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006318

FILED
Jan 16, 2009
Secretary of State

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