

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007214

Entity Name: ASK FIRST SOCIETY, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

6081 FOUR STAR FARM RD
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

6081 FOUR STAR FARM RD
MOLINO, FL 32577

New Mailing Address:

FEI Number: 59-3483826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITTS, DOFIN A
6081 FOUR STAR FARM RD
MOLINO, FL 32577 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: BREWER, GARY
Address: 497 EDISON CT- STE C
City-St-Zip: SUISUN CITY, CA 94585

Title: VPD () Delete
Name: BRUTY, PAUL
Address: BOX 1313 MAILE CENTRE BALLBRAT
City-St-Zip: BALLARAT, VICTORIA 3354,

Title: SD () Delete
Name: DE VRIES, ALIDA
Address: 5135 N. SPRING DR
City-St-Zip: ROANOKE, VA 24019

Title: TD () Delete
Name: FRITTS, DOFIN
Address: 6081 FOUR STAR FARM RD
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRITTS, DOFIN A
Address: 206 AIRPORT DR.
City-St-Zip: BREWTON, AL 36426

Title: VPD (X) Change () Addition
Name: BOSWORTH, DICK
Address: 5135 SPRING DR.
City-St-Zip: ROANOKE, VA 24019

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 for the exemption stated in Section 119.07(3)(i), 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: DOFIN A. FRITTS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date