2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000006

Entity Name: ASON INTERNATIONAL, INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1840 SARNO RD MELBOURNE, FL 32935 US **Current Mailing Address: New Mailing Address:** 3120 CEDAR BAY DRIVE MELBOURNE, FL 32934 US FEI Number: 59-3484464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABRAMSON, ELLEN 3120 CEDAR BAY DRIVE US MELBOURNE, FL 32934 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ABRAMSON, ELLEN Name: Name: 3120 CEDAR BAY DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: SD () Delete Title: () Change () Addition JOHNSON, CHRIS Name: Name: Address: 1217 6TH CIRCLE SE Address: City-St-Zip: WASECA, MN 56093 City-St-Zip: Title: TCD () Delete Title: (X) Change () Addition ZIRBEL, LAURA Name: ROB, MCCLELLAND DR Name: 1499 SUMMERLAND AVE 0N661 MARION AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WHEATON, IL 60187 Title: () Delete Title: () Change () Addition PLATTS, CAMERON Name: Name: Address: 11 BATTERY BEND CT Address: City-St-Zip: MONTGOMERY VILLAGE, MD 20886 City-St-Zip: Title: () Delete Title: CD (X) Change () Addition ERIKSEN, WALTER ERIKSEN, WALTER Name: Name: 9624 LAKE DOUGLAS PL 9624 LAKE DOUGLAS PL Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: (X) Change () Addition VI, MORRIS ROB, MCCLELAND Name: Name: Address: 0N661 MARION AVE Address: 273 SANDY RUN MELBOURNE, FL 32940 US WHEATON, IL 60187 US City-St-Zip: 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: ELLEN J ABRAMSON PRES 02/16/2009