2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003573

FILED Jan 04, 2007 Secretary of State

Entity Name: AMERICAN COLLEGE STUDENT ASSOCIATION CORPORATION

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1321 LAD' STE 750	/ST A,SC 29201				
	ailing Addres	s:	New Mailing Addres	ss:	
P O BOX 1	_		new manning / tautes		
FEI Number	: 62-1640325	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
11380 PRO PALM BEA The above	DSPERITY FAF ACH GARDENS named entity s of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATO		ic Signature of Registered Age	ent	 Date	
		0 0			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
OFFICER: Title: Name: Address: City-St-Zip:		Delete ON	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CD () SMITH, BRONS P O BOX 11693 COLUMBIA, SC	Delete ON 29211 Delete N /E DR	Title: Name: Address:		
Γitle: Name: Address:	CD () SMITH, BRONS P O BOX 11693 COLUMBIA, SC DR () JOHNSON, LEC 3976 EXECUTIV PALM HARBOR	Delete ON 29211 Delete N /E DR , FL 34685 Delete SS W II HEIGHTS	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Name: Name: Name: Address:	CD () SMITH, BRONS P O BOX 11693 COLUMBIA, SC DR () JOHNSON, LEC 3976 EXECUTIV PALM HARBOR DR () DABBS, THOMA 104 NEW AKEN TOKYO, JA 163	Delete ON 29211 Delete N /E DR , FL 34685 Delete S W II HEIGHTS 7-0053 Delete RGE R SUITE 1050	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: H BRONSON SMITH PRES 01/04/2007