


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 022 ****70.00

DOCUMENT # 705626		
1. Entity Name ALOHA KAI ASSOCIATION, INC.		

Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242	Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1035832	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MULLER, DAVID G % BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVENUE, SUITE 300 SARASOTA, FL 34236	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPOLD, KEVIN	NAME	Secretary
STREET ADDRESS	7465 PAUROTIS CT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAGIHARA, REID	NAME	VP ANTHONY TUFILLARD
STREET ADDRESS	7465 PAUROTIS CT	STREET ADDRESS	153 Bramble Ct
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	Williamsville NY 14221
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, WILLIAM	NAME	Treasurer
STREET ADDRESS	25 BUXTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHATHAM, NJ 07928	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, BARBARA	NAME	
STREET ADDRESS	1151 COQUILLE STREET	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPPEE, DOUGLAS	NAME	
STREET ADDRESS	50 CROWN ST	STREET ADDRESS	
CITY-ST-ZIP	ST. JOHN, C nbe26 2x6	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIA, MICHAEL	NAME	Ilaria
STREET ADDRESS	6049 MARELLA CT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Floria Chairman* 1/17/08 941-349-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #