


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723691**  
 1. Entity Name  
**KON TIKI RESORT, INC.**



Principal Place of Business <b>KON TIKI RESORT, INC</b> <b>81200 OVERSEAS HWY</b> <b>ISLAMORADA, FL 33036 US</b>	Mailing Address <b>KON TIKI RESORT, INC</b> <b>81200 OVERSEAS HWY</b> <b>ISLAMORADA, FL 33036 US</b>
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04142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1451329</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVA, ANTHONY**  
**81200 OVERSEAS HWY**  
**ISLAMORADA, FL 33036**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLIVA, DINO 3701 BAYOU LOUISE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARETTELLA, MARK 6 SUNSET TERRACE DAYTONA, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GAUTIER, DAN 5960 SW 78TH ST S. MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000548944  
 05/12/06-80084-009 61.25

**DO NOT WRITE IN THIS SPACE**

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 of the like empowered.

SIGNATURE: [Signature] 4/27/06 305 668-1817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #