

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

FILED

06 JUN 30 PM 12:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



| | | | |
|---|--|---|--|
| DOCUMENT # 723691 | | | |
| 1. Entity Name KON TIKI RESORT, INC. | | | |
| Principal Place of Business KON TIKI RESORT, INC 81200 OVERSEAS HWY ISLAMORADA, FL 33036 US | | Mailing Address KON TIKI RESORT, INC 81200 OVERSEAS HWY ISLAMORADA, FL 33036 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent OLIVA, ANTHONY 81200 OVERSEAS HWY ISLAMORADA, FL 33036 | | 7. Name and Address of New Registered Agent Name: <u>Stan Hartwig</u> Street Address (P.O. Box Number is Not Acceptable): <u>81200 Overseas Hwy</u> City: <u>Islamorada</u> FL Zip Code: <u>33036</u> | |
| 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: <u>[Signature]</u> <u>Stan Hartwig</u> office manager DATE: <u>6/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Amended AR is \$61.25 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP OLIVA, DINO 3701 BAYOU LOUISE SARASOTA, FL 34242 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DAN GAUTIER 5960 SW 78 ST MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BARETTELLA, MARK 6 SUNSET TERRACE DAYTONA, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Thomas J Ruegg 138 Great Lake Dr Annapolis MD 21403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS GAUTIER, DAN 5960 SW 78TH ST S. MIAMI, FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS PALMER BANNEROT 471 AIRPORT RD BUZIER, PA 16002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800077401398 07/12/06--01058--020 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 persons empowered. | | | |
| SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>06/26/06</u> Daytime Phone #: <u>305 663-0466</u> | |