2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002016

Entity Name: OHANA CUSTOM HOMES, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2128 SW 12TH AVE CAPE CORAL, FL 33991

Current Mailing Address: New Mailing Address:

PO BOX 151609 PO BOX 151609

CAPE CORAL, FL 339151609 CAPE CORAL, FL 33915

FEI Number: 20-4041719 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:

SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PARKWAY E SUITE C
CAPE CORAL, FL 33904 US

MAHER, ROBERT T ESQ
1611 SANTA BARBARA BLVD
SUITE C
CAPE CORAL, FL 33991 US

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: ROBERT T MAHER, ESQ 02/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEAR, JAMES D LEAR, JAMES D Name: Name: 2128 SW 12TH AVE PO BOX 151609 Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: CAPE CORAL, FL 33915

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 LEAR, MELISSA M
 Name:
 LEAR, MELISSA M

 Address:
 2128 SW 12TH AVE
 Address:
 PO BOX 151609

 City-St-Zip:
 CAPE CORAL, FL 33991
 City-St-Zip:
 CAPE CORAL, FL 33915

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. LEAR P 02/28/2009