
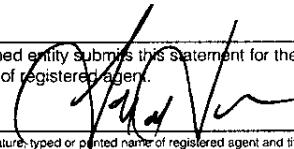
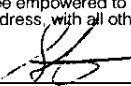


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90190 029 \*\*\*150.00

<b>DOCUMENT # P01000056270</b>					
<b>1. Entity Name</b> KAHALA FLORIDA PROPERTIES, INC.					
<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131			<b>Mailing Address</b> 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 65-1149405	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TRANSGLOBAL CORPORATE ADMIN., LLC 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b> Name: Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Drive Suite: 0-305 City: Miami FL Zip Code: 33131	
<b>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.</b> SIGNATURE:  Samuel P. Haven DATE: 4/5/06 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GONCALVES, PAULO MARCIO P 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D M.P. GONCALVES, PAULO FERNANDO 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D M.P. GONCALVES, GUILHERME 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D M.P. GONCALVES, FLAVIA 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PS GONCALVES, PAULO M 520 BRICKELL KEY DRIVE - SUITE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AS FREEMAN, STEVEN 520 BRICKELL KEY DRIVE - SUITE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AS Freeman, Stephen 520 Brickell Key Drive; Suite 0-305 Miami, FL 33131				
<b>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 607, 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.</b>					
<b>SIGNATURE:</b>  Stephen Freeman DATE: 4/5/06 DAYTIME PHONE #: (305) 314-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04052006 Chg-P CR2E034 (11/05)