
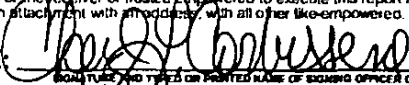


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

2/ **FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90042 033 \*\*\*150.00

<b>DOCUMENT # P06000004583</b>			
1. Entry Name <b>ALOHA MOTORS, INC.</b>			
Principal Place of Business <b>6624 69TH AVENUE NORTH PINELLAS PARK, FL 33781</b>		Mailing Address <b>6624 69TH AVENUE NORTH PINELLAS PARK, FL 33781</b>	
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
8. Name and Address of Current Registered Agent <b>CORBISSERO, CHERYL L 1361 FRIEND AVENUE CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CORBISSERO, CHERYL L</b> <b>1361 FRIEND AVENUE</b> <b>CLEARWATER, FL 33756</b> <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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 its 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.			
SIGNATURE: 		Date: <b>2-12-07 (127)642-9885</b>	
<small>Signature and typed or printed name of signing officer or director</small>		<small>Date Daytime Phone #</small>	



01032007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3829466** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required