


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90056 023 \*\*\*158.75

<b>DOCUMENT # P95000002495</b>			
1. Entity Name ALOHA KAI VACATION RENTALS, INC.			
Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242-3212		Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242-3212	
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



01042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0547718		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <del>APPOLD, KEVIN 7465 PAUROTIS CT SARASOTA, FL 34241</del>		7. Name and Address of New Registered Agent Name: Muller David G Street Address (P.O. Box Number is Not Acceptable): 610 Becker & Poliakoff, P.A. 6305 Orange Avenue Suite 300 City: Sarasota FL Zip Code: 34236	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> <input type="checkbox"/> Delete	NAME: APPOLD, KEVIN STREET ADDRESS: 7465 PAUROTIS CITY-ST-ZIP: SARASOTA, FL 34241	TITLE: Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> <input type="checkbox"/> Delete	NAME: <del>RAGINARA, REID</del> STREET ADDRESS: <del>7465 PAUROTIS CT</del> CITY-ST-ZIP: <del>SARASOTA, FL 34241</del>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> <input type="checkbox"/> Delete	NAME: FREUND, WILLIAM STREET ADDRESS: 25 BUXTON ROAD CITY-ST-ZIP: CHATHAM, NJ 07928	TITLE: Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> <input type="checkbox"/> Delete	NAME: SHIPPEE, DOUGLAS STREET ADDRESS: SOUTH CROWN ST CITY-ST-ZIP: ST. JOHN, NBE2L2X6, CA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> <input type="checkbox"/> Delete	NAME: ILARIA, MICHAEL STREET ADDRESS: 6049 MARCELLA CT CITY-ST-ZIP: SARASOTA, FL 34243	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> <input type="checkbox"/> Delete	NAME: VP ANTHONY Tufillaro STREET ADDRESS: 153 Bramble Ct CITY-ST-ZIP: Williamsville NY 14221	TITLE: VP ANTHONY Tufillaro <input type="checkbox"/> Change <input checked="" 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 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: *Mickaela Davis Chaurin* 1/17/08 941-349-5410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #