

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002495

FILED
Jan 13, 2009
Secretary of State

Entity Name: ALOHA KAI VACATION RENTALS, INC.

Current Principal Place of Business:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 342423212

New Principal Place of Business:

Current Mailing Address:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 342423212

New Mailing Address:

FEI Number: 65-0547718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
ATTN: DAVID G. MULLER
630 S. ORNAGE AVE, SUITE 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: APPOLD, KEVIN
Address: 7465 PAUROTIS
City-St-Zip: SARASOTA, FL 34241

Title: T () Delete
Name: FREUND, WILLIAM
Address: 25 BUXTON ROAD
City-St-Zip: CHATHAM, NJ 07928

Title: V () Delete
Name: SHIPPEE, DOUGLAS
Address: SOUTH CROWN ST
City-St-Zip: ST. JOHN, NBE2L2X6, CA

Title: P () Delete
Name: ILARIA, MICHAEL
Address: 6049 MARCELLA CT
City-St-Zip: SARASOTA, FL 34243

Title: VP () Delete
Name: TUFILLARD, ANTHONY
Address: 153 BRAMBLE CT
City-St-Zip: BUFFALO, NY 14221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL ILARIA

P

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date