

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002495

FILED
Jan 06, 2011
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 (X)**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: MORELAND, LORI
Address: 116 MARY'S CHAPEL CIRCLE
City-St-Zip: OSPREY, FL 34229

Title: P
Name: SHIPPEE, DOUGLAS
Address: SOUTH CROWN ST
City-St-Zip: ST. JOHN, NBE2L2X6, CA

Title: VP
Name: WILLIAM, ROSE
Address: 3271 ALEX FINDLAY PLACE
City-St-Zip: SARASOTA, FL 34240

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

Title: MAN
Name: SIMMONS, DELILAH
Address: 6020 MIDNIGHT PASS ROAD # 58
City-St-Zip: SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: DELILAH SIMMONS, MANAGER

MAN

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date