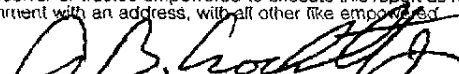


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 538349 1. Entity Name KOAA INC.																													
Principal Place of Business 2222 NO. ROOSEVELT BLVD. KEY WEST FL 33040			Mailing Address 2222 NO. ROOSEVELT BLVD. KEY WEST FL 33040																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-1751175																									
6. Name and Address of Current Registered Agent SANDS, MERRELL F. III 1523 4TH STREET KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when consolidating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PST</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CROCKETT, ALVIN B., JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3320 RIVIERA DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST- ZIP</td> <td>KEY WEST FL</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">000000473758</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>03/31/06 00029-017 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PST	☐ Delete	NAME	CROCKETT, ALVIN B., JR.		STREET ADDRESS	3320 RIVIERA DRIVE		CITY-ST- ZIP	KEY WEST FL		TITLE	000000473758	☐ Change ☐ Add	NAME	03/31/06 00029-017 150.00		STREET ADDRESS			CITY-ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons.

SIGNATURE:  **3-17-06 305-296-8601**