


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713817</b> 1. Entity Name <b>ALOHA TWO, INC.</b>					
Principal Place of Business <b>1329 TARPON CENTER RD VENICE FL 34285</b>			Mailing Address <b>749 SHAMROCK BLVD. VENICE FL 34293 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1421728</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  <b>TRACEY, SARA 1329 TARPON CENTER DR #7 VENICE FL 34285</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 renewing) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAMAN, ALICE</b>		NAME		
STREET ADDRESS	<b>1329 TARPON CENTER DR #8</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRIDGES, MARK</b>		NAME		
STREET ADDRESS	<b>1329 TARPON CENTER DRIVE #12</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TRACEY, SARA</b>		NAME		
STREET ADDRESS	<b>1329 TARPON CENTER DR #7</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FINN, RUTH</b>		NAME		
STREET ADDRESS	<b>1329 TARPON CENTER DR #9</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRICKMAN, THERESA</b>		NAME		
STREET ADDRESS	<b>1329 TARPON CENTER DR #10</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FINN, CATHERINE</b>		NAME		
STREET ADDRESS	<b>4901 DRUID DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KINSINGTON MD 20895</b>		CITY-ST-ZIP		

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 617, 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:

*Sara Tracey*

3/9/06

941-495-6829