2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 713817

Entity Name: ALOHA TWO, INC.

Current Principal Place of Business:

1329 TARPON CENTER RD
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

745-C SHAMROCK BLVD.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-1421728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACEY, SARA
1329 TARPON CENTER DR
#7
VENICE, FL 34285 US

Name and Address of New Registered Agent:

FINN, RUTH
1329 TARPON CENTER DR
#9
VENICE, FL 34285 US

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: RUTH FINN 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	FINN, WILLIAM	
Address:	10 PRATTE LANE	
City-St-Zip:	WOLCOTT, CT 06716	
Title:	D	( ) Delete
Name:	BRIDGES, MARK	
Address:	1329 TARPON CENTER DRIVE #12	
City-St-Zip:	VENICE, FL 34285	
Title:	PD	(X) Delete
Name:	TRACEY, SARA	
Address:	1329 TARPON CENTER DR #7	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	FINN, RUTH	
Address:	1329 TARPON CENTER DR #9	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	FRICKMAN, THERESA	
Address:	1329 TARPON CENTER DR #10	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	FINN, CATHERINE	
Address:	4901 DRUID DRIVE	
City-St-Zip:	KINSINGTON, MD 20895	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH FINN PRES 04/27/2009
Electronic Signature of Signing Officer or Director Date