

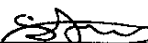


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90259 038 ****61.25

DOCUMENT # 751388 1. Entity Name THE ALIKI ATRIUM MANAGEMENT CORPORATION					
Principal Place of Business 901 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176			Mailing Address 901 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2088286	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERANEY, CHRISTOPHER 901 SOUTH ATLANTIC AVENUE PH 8 ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Sam Swanger Street Address (P.O. Box Number is Not Acceptable) 901 S. Atlantic Ave. #202 City Ormond Beach FL Zip Code 32176	
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  4/15/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, NAN 901 S ATLANTIC AVE #205 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis Pose 901 S. Atlantic Ave. #204 Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, CISSY 901 S ATLANTIC AVE #201 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aleda Graziano 901 S. Atlantic Ave. #106 Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DERANEY, CHRISTOPHER 901 S ATLANTIC AVE #PH8 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sam Swanger 901 S. Atlantic Ave #202 Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, BARBARA 901 S. ATLANTIC AVE #101 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Frank Tepper 901 S. Atlantic Ave. #109 Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONNER, RUBY 901 S. ATLANTIC AVE #208 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, R.C. II 901 S. ATLANTIC AVE PH6 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/15/2007 386-295-3696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					