## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000001115

Entity Name: NA HOKU, INC.

FILED Feb 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3049 UALENA STREET, 14TH FL HONOLULU, HI 968191942 US **Current Mailing Address: New Mailing Address:** 3049 UALENA STREET, 14TH FL HONOLULU, HI 968191942 US FEI Number: 99-0081236 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAY, TIM 7680 UNIVERSAL BLVD., STE 520 ORLANDO, FL 32819 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SULTAN JR, EDWARD D SULTAN JR, EDWARD D Name: Name: 1525 WILDER AVE PH2 1525 WILDER AVE PH2 Address: Address: City-St-Zip: HONOLULU, HI 96822 City-St-Zip: HONOLULU, HI 96822 Title: Title: () Delete () Change () Addition Name: SULTAN III. EDWARD D Name: 1039 WAIHOLO STREET Address: Address: HONOLULU, HI 96821 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BOOKATZ, STEVEN J Name: Name: 47-136 UAKOKO PLACE Address: Address: City-St-Zip: KANEOHE, HI 96744 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition FLANAGAN, LINDA L FLANAGAN, LINDA L Name: Name: Address: 1164 NAMAHEALANI PL Address: 1164 NAMAHEALANI PL City-St-Zip: HONOLULU, HI 96825 City-St-Zip: HONOLULU, HI 96825 Title: Title: (X) Change ( ) Addition ( ) Delete SCHERER, ROSCHELLE MARQUEZ, JUAN Name: Name: 92-5026 LIMUKELE ST Address: 220 ILIHAU STREET Address: City-St-Zip: KAPOLEI, HI 96707 City-St-Zip: KAILUA, HI 96734

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

SIGNATURE: JUAN MARQUEZ T 02/06/2009