2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005824 1. Entity Name MAKENA MORTGAGE COMPANY						
Principal Place 8473 MAYFIE SUITE 210 CHESTERLAN		Mailing Address 8473 MAYFIELD ROAD SUITE 210 CHESTERLAND, OH 44026				
DO NOT WRITE IN THIS SPACE				06142004 No Chg-P CR2E034 (10/03) 4. FEI Number		
	6. Name and Address of Current Reg	violanced Rogart	,	5. Certificate	Fee Required	
ZITO, MICHAEL C ESQ. 264 LOGGERHEAD DRIVE MELBOURNE BEACH, FL 32951				DO NOT WRITE IN THIS SPACE		
 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 typed or printed name of registered agent and title if applicable (INOTE, Registered Agent aggnature required when reinstatung) OATE OATE						
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finance Trust Fund Contribution.				i.00 May Be ded to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIF	ECTORS				
TITLE NAME	RIZZO, ROBERT F		[
STREET ADDRESS CITY-ST-ZIP	8473 MAYFIELD ROAD CHESTERLAND, OH 44026		1		1100000164704 07/08/04-80019-022 158.75	
HILE NAME STREET ADDRESS CITY-SI-ZIP	T RIZZO, ROBERT F 8473 MAYFIELD ROAD CHESTERLAND, OH 44026					
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CITY-ST-ZIP	<u> </u>		4			
TITLE NAME			1			
STREET ADDRESS CITY-S1-ZIP			}			
12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i). 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 treferver or trustee empowered of 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.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAYE OF SIGNING OFFICER OR DIRECTOR Date Daylor & Proper &						