

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005378

Entity Name: KONA MACADAMIA, INC.

FILED  
Feb 15, 2010  
Secretary of State

**Current Principal Place of Business:**

7150 E. CAMELBACK RD., SUITE 220  
SCOTTSDALE, AZ 85251

**New Principal Place of Business:**

**Current Mailing Address:**

7150 E. CAMELBACK RD., SUITE 220  
SCOTTSDALE, AZ 85251

**New Mailing Address:**

FEI Number: 20-0032438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY ROBINSON, PA  
401 E. LAS OLAS BLVD., SUITE 1850  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: HIPSKIND, DOUG  
Address: 2061 PINEHURST DR  
City-St-Zip: CHANHASSEN, MN 55317

Title: SD  
Name: SPIEL, JAMES  
Address: 7150 E. CAMELBACK RD., SUITE 220  
City-St-Zip: SCOTTSDALE, AZ 85251

I hereby 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 all other like empowered.

SIGNATURE: JAMES SPIEL

SD

02/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date