

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005724

Entity Name: HOANA MEDICAL, INC.

FILED
Jul 26, 2008
Secretary of State

Current Principal Place of Business:

828 FORT STREET, SUITE 620
HONOLULU, HI

New Principal Place of Business:

828 FORT STREET, SUITE 620
HONOLULU, HI 96813

Current Mailing Address:

828 FORT STREET, SUITE 620
HONOLULU, HI

New Mailing Address:

828 FORT STREET, SUITE 620
HONOLULU, HI 96813

FEI Number: 99-0354466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: SULLIVAN, PATRICK K
Address: 828 FORT STREET, SUITE 620
City-St-Zip: HONOLULU, HI

Title: V () Delete
Name: GLEI, MATTHEW
Address: 828 FORT STREET, SUITE 620
City-St-Zip: HONOLULU, HI

Title: D () Delete
Name: CHAR, RICHARD
Address: 14 SUNKIST LANE
City-St-Zip: LOS ALTOS, CA 94022

Title: D () Delete
Name: GOLDMAN, KENNETH
Address: 441 WALSH ROAD
City-St-Zip: ATHERTON, CA 94027

Title: D () Delete
Name: LINDHOLM, RANDY
Address: 2050 PEBBLE DRIVE
City-St-Zip: ALAMO, CA 94507

Title: D () Delete
Name: NELSON, BROCK
Address: 562 SUMMIT AVENUE
City-St-Zip: ST. PAUL, MN 55102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: SULLIVAN, PATRICK K
Address: 828 FORT STREET, SUITE 620
City-St-Zip: HONOLULU, HI 96813

Title: V (X) Change () Addition
Name: GLEI, MATTHEW
Address: 828 FORT STREET, SUITE 620
City-St-Zip: HONOLULU, HI 96813

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

SIGNATURE: BENJAMIN NAKAOKA

CONT

07/26/2008

Electronic Signature of Signing Officer or Director

Date