

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002431

FILED
Apr 22, 2009
Secretary of State

Entity Name: OUTRIGGER LODGING MANAGEMENT, INC.

Current Principal Place of Business:

71 WASHINGTON STREET
RENO, NV 89503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 88298
HONOLULU, HI 968308298

New Mailing Address:

FEI Number: 88-0245125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CAREY III, W D
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

Title: DVT () Delete
Name: WILINSKY, MELVYN M
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

Title: V () Delete
Name: KANESHIGE, MELVIN Y
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

Title: S () Delete
Name: LEONG, DONNA Y
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

Title: AT () Delete
Name: AOKI, AVERY K
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

Title: AS () Delete
Name: KAGAMI, CYNTHIA C
Address: 2375 KUHI O AVENUE
City-St-Zip: HONOLULU, HI 96815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: DONNA Y. L. LEONG

S

04/22/2009

Electronic Signature of Signing Officer or Director

Date