2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99000

Name:

Address:

City-St-Zip:

REYNOLDS, VAN

4776 BLACKBERRY DRIVE

MELBOURNE, FL 32904

Entity Name: MELBOURNE AIKIKAI, INC

FILED Apr 28, 2008 Secretary of State

Littly Nai	ille. MIELDC	JORNE AIRINAI, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place of	Business:	
950 PINET INDIAN HE	REE DR BR BCH, FL	32937	576 HIGHWAY A1A SATELLITE BEACH, FL	32937	
Current M	lailing Addr	ess:	New Mailing Address:		
950 PINET INDIAN HE	REE DR BR BCH, FL	32937	576 HIGHWAY A1A SATELLITE BEACH, FL	32937	
FEI Number:	: 59-2638650	FEI Number Applied Fo	r() FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of	FCurrent Registered Ag	ent: Name and Address of I	Name and Address of New Registered Agent:	
1011 SUN PALM BAY The above in the State	e of Florida.	US y submits this statement	for the purpose of changing its registered o	office or registered agent, or both,	
SIGNATU		onic Signature of Registe	red Agent	 Date	
Election Car		ing Trust Fund Contribution	•	Date	
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DTP VINTROUX, V 1011 SUNSV PALM BAY, I	VEPT RD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV PLASNER, S 119 N TWIN COCOA, FL	LAKES RD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	DS	() Delete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM VINTROUX DTP 04/28/2008