

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84910

Entity Name: ALOHA BUGS, INC.

FILED
Jan 29, 2005
Secretary of State

Current Principal Place of Business:

2724 BRUCE TERR.
HOLLYWOOD, FL 330208817

New Principal Place of Business:

2724 BRUCE TERR.
HOLLYWOOD, FL 33020 US

Current Mailing Address:

2724 BRUCE TERR.
HOLLYWOOD, FL 330208817

New Mailing Address:

2724 BRUCE TERR.
HOLLYWOOD, FL 33020 US

FEI Number: 59-2824645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADISON, THOMAS M CPA
2701 E. OAKLAND PARK BLVD.
SUITE C
FORT LAUDERDALE, FL 33306 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 () Delete
Name: SNOWDEN, NELDA
Address: 2724 BRUCE TERRACE
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: V () Delete
Name: MEURER, DIANNE
Address: 2724 BRUCE TERRACE
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption 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 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: NELDA SNOWDEN

PD

01/29/2005

Electronic Signature of Signing Officer or Director

Date