2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N06000001828

Entity Name: NA OHANA '0 KEALOHA DANCE SCHOOL, INC

Current Principal Place of Business:

1031 NE 45TH ST.
OAKLAND PARK, FL 33334

New Principal Place of Business:

1616 S. CYPRESS ROAD
POMPANO BEACH, FL 33060

Current Mailing Address:

1031 NE 45TH ST.
OAKLAND PARK, FL 33334

New Mailing Address:

4841 NE 19 AVE
FT. LAUDERDALE, FL 33334 US

FEI Number: 20-4265820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAM, AILEEN U.
1031 NE 45TH ST.
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

KAM, AILEEN U.
4841 NE 19 AVE
FT. LAUDERDALE, FL 33334 US

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: _____ 04/10/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KAM, AILEEN U.
Address: 4841 NE 19 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: DP (X) Delete
Name: REWI, ROBERT J.
Address: 270 SW 111 ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: DS ( ) Delete
Name: KAUHI-PATTERSON, DANIELLE U.
Address: 144 NW 60 AVE.
City-St-Zip: MARGATE, FL 33063

Title: DT ( ) Delete
Name: CAMPBELL, DAWN A.M.
Address: 16600 SW 149 AVE.
City-St-Zip: MIAMI, FL 33187

Title: D (X) Delete
Name: WALTERS, JOE-ANNE
Address: 2979 N. DIXIE HWY, APT. 701
City-St-Zip: OAKLAND PARK, FL 33334

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: DT (X) Change ( ) Addition
Name: CAMPBELL, DAWN A.
Address: 16600 SW 149 AVE.
City-St-Zip: MIAMI, FL 33187

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

SIGNATURE: TREASURER DT 04/10/2008
Electronic Signature of Signing Officer or Director — Date