2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004817

Entity Name: ALOHA FLORIDA ENTERTAINMENT, INC.

FILED Apr 29, 2008 Secretary of State

1890 WOLFORD RD APT A3 345 BAYSHORE BLVD. CLEARWATER, FL 33760

1510

TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

1890 WOLFORD RD APT A3 345 BAYSHORE BLVD. CLEARWATER, FL 33760 1510

TAMPA, FL 33606

FEI Number: 26-2503094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SANTOS, GRACE S SANTOS, GRACE 7602 CARACAL CT 7702 NOTTINGHILL SKY DR TAMPA, FL 33625 US US APOLLO BEACH, FL 33572

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: GRACE SANTOS 04/29/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GERBOLINGO, ERICA GERBOLINGO, ERICA Name: Name:

1890 WOLFORD RD APT A3 Address: 345 BAYSHORE BLVD. Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: TAMPA, FL 33606

Title: Title: () Delete () Change () Addition

STANLEY, CHRISTINA A Name: Name: Address: 2603 QUINTON DR #201 Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip:

Title: () Delete Title: () Change () Addition

LARRACAS, MAE Name: Name: 1030 CHARMINGFARE CT Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip:

Title: () Delete Title: (X) Change () Addition SANTOS, GRACE Name: Name: BRIANT, TAMMY 7602 CARACAL CT 540 CARILLON PARK WAY, #1090 Address: Address:

City-St-Zip: TAMPA, FL 3625 City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Delete Title: () Change (X) Addition

SANTOS, GRACE Name: Name:

7702 NOTTINGHILL SKY DR Address: Address: City-St-Zip: City-St-Zip: APOLLO BEACH, FL 33572

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: GRACE SANTOS S 04/29/2008