## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44000

FILED Feb 25, 2006 Secretary of State

Entity Name: AIKANES O HAWAI'I, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
	TCLIFF CT.	
N-A DRLAND(	O, FL 328256677 US	
Current N	Nailing Address:	New Mailing Address:
P.O. BOX DRLAND(	677099 O, FL 328677099 US	
El Number	r: 59-3082756 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
	NTHIA K TCLIFF CT O, FL 32825 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or b
n the Stat	e of Florida.	the purpose of changing its registered office or registered agent, or b
n the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. ** RE:	
n the Stat  SIGNATU  DFFICER  itle: lame: ddress:	ee of Florida.  RE: Electronic Signature of Registered  S AND DIRECTORS:  DP () Delete DIAS, CYTHIA K 10038 RATCLIFF CT	Agent Date
n the Stat SIGNATU	ee of Florida.  RE: Electronic Signature of Registered  S AND DIRECTORS:  DP () Delete DIAS, CYTHIA K 10038 RATCLIFF CT	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIREC  Title: ( ) Change ( ) Addition Name: Name: Address:
n the Stat BIGNATU  DFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Te of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  DP () Delete  DIAS, CYTHIA K  10038 RATCLIFF CT  ORLANDO, FL 328256677  DS () Delete  PUNAHELE, CHRISTINE  5309 MOONGLOW BLVD	ADDITIONS/CHANGES TO OFFICERS AND DIREC  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN F. SNELL DT 02/25/2006