

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44000

FILED
Jan 18, 2007
Secretary of State

Entity Name: AIKANES O HAWAII, INC.

Current Principal Place of Business:

5019 8TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41773
ST. PETERSBURG, FL 337431773 US

New Mailing Address:

FEI Number: 59-3082756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREEVY, YVONNE M
5019 8TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGREEVY, YVONNE M
Address: 5019 8TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: VD () Delete
Name: PUNAHELE, CHRISTINE
Address: 5309 MOONGLOW BLVD
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: GALBREATH, PATRICIA
Address: 5000 94TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: GALBREATH, JANET SUE
Address: 6920 38 AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: () 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 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: YVONNE M MCGREEVY

PRES

01/18/2007

Electronic Signature of Signing Officer or Director

Date