

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004781

FILED
May 01, 2006
Secretary of State

Entity Name: ORLANDO AIKIKAI, INC.

Current Principal Place of Business:

5208 STRATEMEYER DRIVE
ORLANDO, FL 328392950

New Principal Place of Business:

Current Mailing Address:

5208 STRATEMEYER DR
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3506888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIHANOVIC, GRACE G
5208 STRATEMEYER DR
ORLANDO, FL 32839 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: D () Delete
Name: KIM, SEUNG B
Address: 13518 SUMMERTON DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: VUE, YER
Address: 141 PINWOOD DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: ST () Delete
Name: MIHANOVIC, GRACE G
Address: 5208 STRATEMEYER DR
City-St-Zip: ORLANDO, FL 32839 US

Title: DP () Delete
Name: MINANOVIC, BRANKO
Address: 5208 STRATEMEYER DR.
City-St-Zip: ORLANDO, FL 32839 US

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: GRACE G MIHANOVIC

ST

05/01/2006

Electronic Signature of Signing Officer or Director

Date