
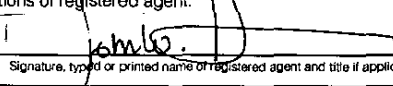
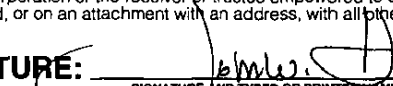


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 025 ***150.00

DOCUMENT # P00000010819 1. Entity Name MAHALO INVESTMENTS, INC.					
Principal Place of Business 607 HIGHWAY 98 EAST DESTIN, FL 32541			Mailing Address 607 HIGHWAY 98 EAST DESTIN, FL 32541		
2. Principal Place of Business 4475 LEGENDARY DRIVE Suite, Apt. #, etc.		3. Mailing Address 4475 LEGENDARY DRIVE Suite, Apt. #, etc.			
City & State DESTIN FLORIDA		City & State DESTIN FLORIDA		4. FEI Number 59-3625149	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, JOHN W C/O MATTHEWS & HAWKINS P.A. 607 HIGHWAY 98 EAST DESTIN, FL 32541			7. Name and Address of New Registered Agent Name JOHN W. HAWKINS Street Address (P.O. Box Number is Not Acceptable) C/O MATTHEWS & HAWKINS, P.A. 4475 LEGENDARY DRIVE City DESTIN State FL Zip Code 32541		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		JOHN W. HAWKINS <small>(NOTE: Registered Agent signature required when reinstating)</small>		1/22/04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAWKINS, JOHN W 57 COUNTRY CLUB DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JOHN W. HAWKINS ITS PRESIDENT		1/22/04 (850) 8373662 <small>Date Daytime Phone #</small>	