


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 039 ***150.00

DOCUMENT # P00000031645 1. Entity Name ALOHA RESORTWEAR, INC.	
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Principal Place of Business 2992 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034	Mailing Address PO BOX 2497 TYBEE ISLAND, GA 31328
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03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3641340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NAVON, GIL
2992 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVON, GIL 605-B 6TH STREET TYBEE ISLAND, GA 31328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESHEL, ARIK 350 VANDERBILT MOTOR PKWY STE 404 HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAVON, ZIV 154 PELICAN DRIVE TYBEE ISLAND, GA 31328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAVON, RONEN 605-A 6TH STREET TYBEE ISLAND, GA 31328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* 4-16-2007 912-786-6328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #