
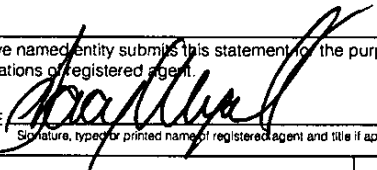
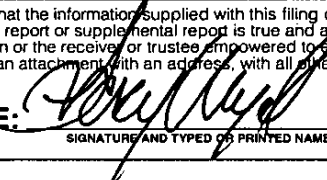


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 018 \*\*\*150.00

<b>DOCUMENT # P01000002510</b> 1. Entity Name <b>AIKIKAI MANAGEMENT GROUP INC.</b>					
Principal Place of Business <b>502 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>			Mailing Address <b>502 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business <b>913 Alliegood Ct</b>		3. Mailing Address <b>913 Alliegood Ct</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3688530</b>	
Zip <b>32303</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOORE, RICHARD W 502 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>Tracy W. Wujcik</b> Street Address (P.O. Box Number is Not Acceptable) <b>913 Alliegood Ct</b>  City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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  <b>Tracy W. Wujcik</b> <b>2-07-06</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WUJCIK, TRACY</b> <input type="checkbox"/> Delete <b>913 ALLIGOOD ST TALLAHASSEE, FL 32304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tracy W. Wujcik 913 Alliegood Ct Tallahassee, FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MOORE, RICHARD W</b> <input type="checkbox"/> Delete <b>211 RHODEN COVE RD TALLAHASSEE, FL 32312</b>		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	
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:  <b>Tracy W. Wujcik</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-07-06</b> <small>Date</small>		<b>(850) 386-4339</b> <small>Daytime Phone #</small>

20006909



01302006 Chg-P CR2E034 (11/05)