

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000081714 1. Entity Name AAKA RECREATIONAL PROPERTIES, INC.					
Principal Place of Business 671 7 ST NW NAPLES, FL 34120		Mailing Address 671 7 ST NW NAPLES, FL 34120			
DO NOT WRITE IN THIS SPACE					
				 02102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3737919		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, ABEL 671 7 ST NW NAPLES, FL 34120				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				DO NOT WRITE IN THIS SPACE U00000283750 04/01/05-80037-019 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ALVAREZ, ABEL 671 7 ST NW NAPLES, FL 34120			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ALVAREZ, ARIEL 671 7 ST NW NAPLES, FL 34120			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-29-05 237-353-5787 <small>Date Daytime Phone #</small>	