2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000108928** 05-01-2006 90384 036 ***150 00 1. Entity Name ALOHA FOODS, INC. Principal Place of Business Mailing Address 10859 EMERALD COAST PKWY 1092 COURINGTON CT. NICEVILLE, FL 32578 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-3755955 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMARANTO, ALLAN A Street Address (P.O. Box Number is Not Acceptable) 1092 COURINGTON CT. NICEVILLE, FL 32578 City Zip Code 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. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition AMARANTO, ALLAN A NAME STREET ADDRESS STREET ADDRESS 1092 COURINGTON CT. NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP TREA ☐ Delete TITLE Change Addition TITLE AMARANTO, MARITES S NAME STREET ADDRESS 1092 COURINGTON CT. STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change OnitibhA [] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZiP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

☐ Detete

Change

☐ Addition

FILED