

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90041 048 ***150.00

DOCUMENT # P02000080642 1. Entity Name ALOHA HOME SERVICES, INC.			
Principal Place of Business 511 JACKSON STREET LAKE HELEN, FL 32744		Mailing Address 511 JACKSON STREET LAKE HELEN, FL 32744	
2. Principal Place of Business <i>1272 Sacramento St.</i> Suite, Apt. #, etc.		3. Mailing Address <i>1272 Sacramento St.</i> Suite, Apt. #, etc.	
City & State <i>Deltona, FL</i> Zip <i>32725</i> Country <i>US</i>		City & State <i>Deltona, FL</i> Zip <i>32725</i> Country <i>US</i>	
4. FEI Number 05-0526088		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 MATTHEWS, GLENN 1272 SACRAMENTO ST DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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	P MATTHEWS, GLENN T 1272 SACRAMENTO ST DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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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: <i>Glenn T. Matthews</i>		Date <i>3-16-06</i> Daytime Phone # <i>407-687-8259</i>	

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