


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90172 008 ***150.00

DOCUMENT # P03000085066	
1. Entity Name KOLOA CORP.	

Principal Place of Business C/O M. LANNING FOX 1100 S. FEDERAL HIGHWAY STUART FL 33994	Mailing Address C/O M. LANNING FOX 1100 S. FEDERAL HIGHWAY STUART FL 33994
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2. Principal Place of Business 600 Village Square Crossing Suite, Apt. #, etc. Palm Beach Gardens, FL	3. Mailing Address 600 Village Square Crossing Suite, Apt. #, etc. Palm Beach Gardens, FL
City & State FL	City & State FL

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0560746	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 FOX, M. LANNING 1100 S. FEDERAL HIGHWAY STUART FL 33994	7. Name and Address of New Registered Agent Name Shift, Theodore Street Address (P.O. Box Number is Not Acceptable) 600 Village Square Crossing City Palm Beach Gardens FL Zip Code 33410
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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  DATE **4/13/06**

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIFF, THEODORE A MD 600 VILLAGE SQ. CROSSING PALM BEACH GARDENS FL 33410 <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
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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 Section 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  DATE **4/13/06** Daytime Phone # **561-694-9493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR