## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # P04000048805 06-04-2007 90012 005 \*\*\*150.00 HAWAIIAN KITEWORKS, INC. Principal Place of Business Mailing Address **5250 INTERNATIONAL DRIVE 5250 INTERNATIONAL DRIVE BOX 1046 BOX 1046** ORLANDO, FL 32819 US ORLANDO, FL 32819 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 205HWY AIA Same Suite, Apt. #, etc. 05292007 CR2E034 (12/06) Chq-P 310 City & State City & State 4. FEI Number Applied For 34-1984008 Satellite Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, GAIL M Street Address (P.O. Box Number is Not Acceptable) 205 HIGHWAY A1A **SUITE 310** SATELLITE BEACH, FL 32937 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. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JOHNSON, GAIL NAME STREET ADDRESS 205 HIGHWAY A1A SUITE 310 STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED Jun 04, 2007 8:00 am