

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133847

FILED
Jan 27, 2009
Secretary of State

Entity Name: ALOHA HEALTH SPA ONE, INC.

Current Principal Place of Business:

3448 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3448 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 20-3559366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIN, PARIS MARIE
3448 5TH AVENUE NORTH
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIN, PARIS MARIE
Address: 3448 5TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHIN, PARIS MARIE
Address: 3448 5TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARIS MARIE SHIN

P

01/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date