

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090716

Entity Name: OMAKAI, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

2745 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2745 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-5176971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, KAREN
2745 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

MULLINS, KAREN E MRS.
2745 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411 US

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: KAREN MULLINS

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MULLINS, KAREN
Address: 2745 MISTY OAKS CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MULLINS, KAREN E
Address: 2745 MISTY OAKS CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Change (X) Addition
Name: MULLINS, PHILIP W
Address: 2745 MISTY OAKS CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Change (X) Addition
Name: ANDERSON, PATRICK A
Address: 1802 TREELODGE PARKWAY
City-St-Zip: ATLANTA, GA 30350

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: KAREN MULLINS

PSTD

04/25/2007

Electronic Signature of Signing Officer or Director

Date