

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052797

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALOHA TOE RINGS, INC.

Current Principal Place of Business:

6104 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128

New Principal Place of Business:

2090 SOUTH NOVA ROAD AA-13
SOUTH DAYTONA, FL 32119

Current Mailing Address:

6104 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128

New Mailing Address:

2090 SOUTH NOVA ROAD AA-13
SOUTH DAYTONA, FL 32119

FEI Number: 26-2635594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGARAGAN, MARY L
6104 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

FAGARAGAN, MARY L
2090 SOUTH NOVA ROAD AA-13
SOUTH DAYTONA, FL 32119 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: _____

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FAGARAGAN, MARY L
Address: 6104 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: FAGARAGAN, ANN L
Address: 6104 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete
Name: FAGARAGAN, JODIE L
Address: 6104 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FAGARAGAN, MARY L
Address: 2090 SOUTH NOVA ROAD AA-13
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: V (X) Change () Addition
Name: FAGARAGAN, ANN L
Address: 2090 SOUTH NOVA ROAD AA-13
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: S (X) Change () Addition
Name: FAGARAGAN, JODIE L
Address: 2090 SOUTH NOVA ROAD AA-13
City-St-Zip: SOUTH DAYTONA, FL 32119

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: MARY L. FAGARAGAN

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date