

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90056 023 \*\*\*158.75

**DOCUMENT # P95000002495**

1. Entity Name  
**ALOHA KAI VACATION RENTALS, INC.**

Principal Place of Business  
**6020 MIDNIGHT PASS ROAD  
 SARASOTA, FL 34242-3212**

Mailing Address  
**6020 MIDNIGHT PASS ROAD  
 SARASOTA, FL 34242-3212**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0547718**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~APPOLD, KEVIN  
 7465 PAUROTIS CT  
 SARASOTA, FL 34241~~

7. Name and Address of New Registered Agent  
 Name **Muller David G**  
 Street Address (P.O. Box Number is Not Acceptable) **10 Becker & Poliakoff, P.A.  
 6305 Orange Avenue Suite 300**  
 City **Sarasota F** FL Zip Code **34236**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/>	APPOLD, KEVIN 7465 PAUROTIS SARASOTA, FL 34241	<input checked="" type="checkbox"/>	Secretary
<input checked="" type="checkbox"/>	<del>RAGINARA, REID 7465 PAUROTIS CT SARASOTA, FL 34241</del>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	FREUND, WILLIAM 25 BUXTON ROAD CHATHAM, NJ 07928	<input checked="" type="checkbox"/>	Treasurer
<input type="checkbox"/>	V SHIPPEE, DOUGLAS SOUTH CROWN ST ST. JOHN, NBE2L2X6, CA	<input type="checkbox"/>	
<input type="checkbox"/>	P ILARIA, MICHAEL 6049 MARCELLA CT SARASOTA, FL 34243	<input type="checkbox"/>	
<input type="checkbox"/>	VP ANTHONY Tufillaro 153 Bramble Ct Williamsville NY 14221	<input type="checkbox"/>	VP ANTHONY Tufillaro 153 Bramble Ct Williamsville NY 14221

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.

SIGNATURE: *Nickolas Davis Chaurin* 1/17/08 941-349-5410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #