


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90034 024 \*\*\*150.00

<b>DOCUMENT # P96000055588</b> 1. Entity Name <b>KAIWAHINE MARINE SERVICES, INC.</b>		
Principal Place of Business <b>4641 SOUTHWEST 42 TERRACE FORT LAUDERDALE, FL 33314</b>	Mailing Address <b>4641 SOUTHWEST 42 TERRACE FORT LAUDERDALE, FL 33314</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HILDEBRAND, PATRICIA H 4641 SW 42ND TERR FT LAUDERDALE, FL 33314</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HILDEBRAND, PATRICIA A 4641 SOUTHWEST 42 TERRACE FORT LAUDERDALE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUCKER, JAMES E 4641 SW 42 TERRACE FT. LAUDERDALE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LAYTON, GREG 4641 SW 42 TERRACE FT. LAUDERDALE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VILLANUEVA, MOISES 4641 SW 42 TERRACE FT. LAUDERDALE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <i>Patricia Hildebrand</i> <b>Patricia Hildebrand</b> 8-1-2006 954581 5255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		

ATTACHMENT

40102877

#P9600055588

My house office, and  
world has been in shambles  
since Oct. 2005 hurricane  
Wilma destroyed my house, affected  
my work, I have no office or  
computer any longer. I really  
don't recall receiving my 2006  
notice but all my papers from  
my office were wet, stuck together  
and moldy. Please waive 400<sup>00</sup>  
fee due to hardship from hurricane  
I can't believe almost a year later  
my roof is still leaking and I have  
Allstate, good hands - right!

Patricia Hildbrand  
Kaiwahu Marie

65 0678788 home

954-581-5255 office

954 609-6531 cell