2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000035716

Entity Name: KAI - NALU SURFBOARDS, INC.

FILED Apr 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3518 NE CANDICE AVE 11929 S INDIAN RIVER DRIVE 5 JENSEN BEACH, FL 34957 U

JENSEN BCH, FL 34957 US

Current Mailing Address: New Mailing Address:

1119 S.W. ADDIE STREET 11929 S INDIAN RIVER DRIVE PORT ST. LUCIE, FL 34983 JENSEN BEACH, FL 34957

FEI Number: 59-3442067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEALD, MARGARET A

1119 S.W. ADDIE STREET

PORT ST. LUCIE, FL 34983

HEALD, MARGARET A

11929 S INDIAN RIVER DRIVE

JENSEN BEACH, FL 34983

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: MARGARET A HEALD 04/21/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 HEALD, MARGARET A
 Name:
 HEALD, MARGARET A

 Address:
 1119 S.W. ADDIE STREET
 Address:
 11929 S INDIAN RIVER DRIVE

Address: 1119 S.W. ADDIE STREET Address: 11929 S INDIAN RIVER DRIV
City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete Title: D (X) Change () Addition Name: HEALD. DENNIS J Name: HEALD. DENNIS J

Address: 1119 S.W. ADDIE STREET Address: 11929 S INDIAN RIVER DRIVE City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGARET A HEALD PRES 04/21/2002