

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90118 001 ***150.00
04-23-2007 90118 002 *****8.75

DOCUMENT # P98000095995 1. Entity Name A HUI HOU, INC.			
Principal Place of Business 91-249 LUKINI PLACE EWA BEACH, HI 96706 US		Mailing Address 91-249 LUKINI PLACE EWA BEACH, HI 96706 US	
2. Principal Place of Business - No P.O. Box # 515 KEOLU DR. Suite, Apt. #, etc. APT. F. City & State KAILUA, HAWAII Zip 96734 Country USA		3. Mailing Address 515 KEOLU DR. Suite, Apt. #, etc. APT. F. City & State KAILUA, HAWAII Zip 96734 Country USA	
4. FEI Number 59-3544887		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYLER, SHIRLEY 7601 9THS TREET N STE C-1 SAINT PETERSBURG, FL 33702-5200		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBRANO, DENNIS J 91-249 LUKINI PLACE EWA BEACH, HI 96706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lubrano, Dennis J. 515 KEOLU DR. APT. F. KAILUA, HI. 96734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBRANO, JUANILLA F 91-249 LUKINI PLACE EWA BEACH, HI 96706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lubrano, Juanilla F. 515 KEOLU DR. APT F. KAILUA, HI. 96734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-20-07 808-261-5724 <small>Date Daytime Phone #</small>	