


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90028 032 \*\*\*150.00

**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**CHASE, BARBARA  
 1151 COQUILLE STREET  
 SARASOTA, FL 34242**

7. Name and Address of New Registered Agent  
 Name  
**Scheffert, Christine**  
 Street Address (P.O. Box Number is Not Acceptable)  
**888 Blvd of Arts #1204**  
**Sarasota, FL 34236**  
 City **FL** Zip Code

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 *Christine Scheffert* **Christine Scheffert** **1-18-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, DELILAH P.O. BOX 576 HIXSON, TN 37343 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Christine Scheffert 888 Blvd of Arts #1204 Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, WALTER 1635 WAVERLY ROAD TRENTON, MI 48183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretar Neva Northcraft 2912 McKimmi Ave, NE Louisville, Ohio 40464 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREUND, WILLIAM 25 BUXTON ROAD CHATHAM, NJ 07928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice Pres. Douglas Shippee 50 Crown ST St. John, NB E2L2X6 Canada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VESPRANI, MARIANNE 951 TIMBER TRAIL CINCINNATI, OH 45224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHASE, BARBARA 1151 COQUILLE STREET SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christine Scheffert* **Christine Scheffert** **1-18-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-953-9756