

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