

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90308 047 ***150.00

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1. Entity Name
KAHALA CORP.

Principal Place of Business
7730 E. GREENWAY RD.
SUITE 104
SCOTTSDALE AZ 85210

Mailing Address
7730 E. GREENWAY RD.
SUITE 104
SCOTTSDALE AZ 85210



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3474394**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	BLACKWELL, KEVIN	
STREET ADDRESS	7730 EAST GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUARINO, DAVID	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	V	<input type="checkbox"/> Delete
NAME	REAGAN, MICHAEL	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLACKWELL, KATHRYN	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORLISS, ROBERT	
STREET ADDRESS	1950 VAUGHN RD	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATO, DON	
STREET ADDRESS	6934 E 5TH AVENUE	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please change Suite number for these 4 officers & directors. The correct suite number is 104.

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED *Kevin Blackwell* **1/24/03** **(480) 443-0200**

CR2E034 (10/02)