

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 034 ***150.00

DOCUMENT # P97000084502



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

3. Mailing Address

04272004 Chg-P CR2E034 (10/03)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD Delete
 NAME BLACKWELL, KEVIN
 STREET ADDRESS 7730 E GREENWAY RD., SUITE 104
 CITY-ST-ZIP SCOTTSDALE, AZ 85260

TITLE CEO/D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME GUARINO, DAVID
 STREET ADDRESS 7730 E GREENWAY RD., SUITE 104
 CITY-ST-ZIP SCOTTSDALE, AZ 85260

TITLE P/D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME REAGAN, MICHAEL
 STREET ADDRESS 7730 E GREENWAY RD., SUITE 104
 CITY-ST-ZIP SCOTTSDALE, AZ 85260

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST Delete
 NAME BLACKWELL, KATHRYN
 STREET ADDRESS 7730 E GREENWAY RD., SUITE 104
 CITY-ST-ZIP SCOTTSDALE, AZ 85260

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CORLISS, ROBERT
 STREET ADDRESS 1950 VAUGHN RD
 CITY-ST-ZIP KENNESAW, GA 30144

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PLATO, DON
 STREET ADDRESS 6934 E 5TH AVENUE
 CITY-ST-ZIP SCOTTSDALE, AZ 85251

TITLE Change Addition
 NAME Phillips, Sandy
 STREET ADDRESS 2041 E. Rosecrans Ave., Suite 363
 CITY-ST-ZIP El Segundo, CA 90245

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:

Kevin Blackwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Blackwell

Date

(480) 443-0200

Daytime Phone #

Attachment
Kahala

54046604
~~# P9700084502~~

7730 East Greenway Road, Suite 104 • Scottsdale, AZ 85260

April 28, 2004

VIA DHL 2nd DAY AIR

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Document # P9700084502, 2004 For Profit Corporation Annual Report for Kahala Corp.

Dear Ladies and Gentlemen:

Enclosed is an original and one copy of the 2004 For Profit Corporation Annual Report for Kahala Corp., Document # P9700084502 ("Annual Report"), along with a check in the amount of \$150.00.

Please file the Annual Report, file stamp the enclosed copy of the Annual Report, and return the file stamped copy to me in the enclosed self-addressed stamped envelope.

If you have any questions, please call me (480) 443-0200.

Sincerely,

Dawn M. Maceri

Dawn M. Maceri
Certified Legal Assistant

Enclosures

480.443.0200 Fax 480.443.1972 www.kahalacorp.com





2004 FOR PROFIT CORPORATION ANNUAL REPORT

all attached 3/10/04 664

7000081500

File stamp and return

DOCUMENT # P97000084502			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD BLACKWELL, KEVIN 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUARINO, DAVID 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REAGAN, MICHAEL 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260 <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	ST BLACKWELL, KATHRYN 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260 <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	D CORLISS, ROBERT 1950 VAUGHN RD KENNESAW, GA 30144 <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	D PLATO, DON 6934 E 5TH AVENUE SCOTTSDALE, AZ 85261 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillips, sandy 2041 E. Rosecrans Ave., Suite 363 El Segundo, CA 90245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Kevin Blackwell (480) 443-0200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04272004 CNY-P GRZU34 (10/03)

