


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90230 011 \*\*\*150.00

<b>DOCUMENT # P97000084502</b>	
1. Entity Name <b>KAHALA CORP.</b>	

Principal Place of Business <b>7730 E. GREENWAY RD. SUITE 104 SCOTTSDALE, AZ 85210</b>	Mailing Address <b>7730 E. GREENWAY RD. SUITE 104 SCOTTSDALE, AZ 85210</b>
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**50016766**



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3474394</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BLACKWELL, KEVIN <input type="checkbox"/> Delete 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUARINO, DAVID <input type="checkbox"/> Delete 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REAGAN, MICHAEL <input type="checkbox"/> Delete 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACKWELL, KATHRYN <input type="checkbox"/> Delete 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BLACKWELL, KEVIN <input type="checkbox"/> Delete 7730 E GREENWAY RD., SUITE 104 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SANDY <input type="checkbox"/> Delete 2041 E. ROSECRANS AVE. SUITE 363 EL SEGUNDO, CA 90245

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>p d</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **David Guarino** 4-17-06 (480)443-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #