


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90196 009 ***150.00


DOCUMENT # F95000001563

1. Entity Name
DTR BOSTON HEIGHTS, INC.



Principal Place of Business 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210 US	Mailing Address 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-0803673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, MATTHEW J 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT STANDEFER, W. STEVEN 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, M. HUE 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT LAFORGIA, ROBERT M 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: W. STEVEN STANDEFER 7-24-06 310-278-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #