


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000005818 1. Entity Name CAMINO HOTEL MANAGEMENT CORPORATION	
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Principal Place of Business 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483	Mailing Address 1001 MARKET ST. BLDG. ONE, SUITE 300 PORTSMOUTH, NH 03801
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2454202	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 05/08/08-20053-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MICHAEL 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS 1000 MARKET ST. BLDG. ONE SUITE 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD C 1000 MARKET ST. BLDG. ONE SUITE 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRITCHFIELD, RICHARD H 1001 E. ATLANTIC AVE., SUITE 201 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **EXECUTIVE VICE PRESIDENT**
Richard A. Ade 2/4/08 (403)559-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #