


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90046 028 ***150.00

DOCUMENT # K24103
 1. Entity Name
 MIAMI SPRINGS HOTELS, INC.



Principal Place of Business: **111 W FORTUNE STREET TAMPA, FL 33602**
 Mailing Address: **111 W FORTUNE STREET TAMPA, FL 33602**

50057890

2. Principal Place of Business: **8870 N. Himes Ave #242**
 Suite, Apt. #, etc.

3. Mailing Address: **8870 N. Himes Ave #242**
 Suite, Apt. #, etc.



07252005 Chg-P CR2E034 (10/03)

City & State: **TAMPA FL**
 Zip: **33618** Country: **USA**

City & State: **TAMPA, FL**
 Zip: **33614** Country: **USA**

4. FEI Number: **65-0053983**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
CALLEN, DAVID H.
~~**111 W FORTUNE ST.**~~
~~**TAMPA, FL 33602**~~

7. Name and Address of New Registered Agent
 Name: **DAVID M. CALLEN**
 Street Address (P.O. Box Number is Not Acceptable): **8870 N. HIMES AVE S-242**
 City: **TAMPA FL** Zip Code: **33614**

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: *David M. Callen* DATE: **7-25-05**

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALLEN, DAVID H. 111 W. FORTUNE ST. TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID CALLEN 8870 N. HIMES AVE S-242 TAMPA, FL 33614	<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
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 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: *David M. Callen* DATE: **7-25-05** DAYTIME PHONE #: **813-220-8586**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #