2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000048827

1. Entity Name
PRIDE HOSPITALITY, INC.

FILED
07 AUG -9 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4105 FOXTAIL COURT KISSIMMEE, FL 34746	PO BOX 420729 KISSIMMEE, FL 34742

08062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4105 Foxtail Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kissimmee, FL
Zip / Country	Zip: 34746 / Country: USA.

4. FEI Number: 59-3655792 ☐ 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
METCALFE, DAVID J 4105 FOXTAIL COURT KISSIMMEE, FL 34746	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSVP LANGHAM, STEPHEN 2450 GRANADA BLVD KISSIMMEE, FL 34746	☒ Delete	PST. METCALFE, DAVID 4105 Foxtail Ct Kissimmee, FL 34746.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP METCALFE, DAVID 4105 FOXTAIL CT KISSIMMEE, FL 34746	☐ Delete	000108202310 08/16/07--01047--008 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 8/9/07	☐ Delete		☐ Change ☐ 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: S Langham S. LANEHAM 8/6/07 (407) 870-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #