2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000082146

Entity Name: BEST RATE HOTELS INC.

Current Principal Place of Business:

2519 NORTH OCEAN BLVD
407
BOCA RATON, FL 33431

New Principal Place of Business:

225 NE MIZNER BLVD.
300
BOCA RATON, FL 33431

Current Mailing Address:

2519 NORTH OCEAN BLVD
407
BOCA RATON, FL 33431

New Mailing Address:

225 NE MIZNER BLVD.
300
BOCA RATON, FL 33431

FEI Number: 20-4787201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, ADRIAN
2529 NORTH OCEAN BLVD
407
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

STONE, ADRIAN
225 NE MIZNER BLVD.
300
BOCA RATON, FL 33431 US

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.

SIGNATURE: ADRIAN STONE 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STONE, ADRIAN
Address: 2519 NORTH OCEAN BLVD # 407
City-St-Zip: BOCA RATON, FL 33431 US

Title: VPSD ( ) Delete
Name: ADEN, JULIA
Address: 2519 N. OCEAN BLVD # 407
City-St-Zip: BOCA RATON, FL 33431 US

Title: VPD (X) Delete
Name: LABROZZI, FRANK
Address: 8261 SW 142 ST
City-St-Zip: MIAMI, FL 33158 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STONE, ADRIAN
Address: 225 NE MIZNER BLVD. SUITE 300
City-St-Zip: BOCA RATON, FL 33431 US

Title: VPSD (X) Change ( ) Addition
Name: ADEN, JULIA
Address: 225 NE MIZNER BLVD. SUITE 300
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN STONE PD 05/01/2006
Electronic Signature of Signing Officer or Director Date