


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005876	
1. Entity Name HOSPITEC, INC.	

Principal Place of Business 285 GRANADA ROAD WEST PALM BEACH, FL 33401	Mailing Address 285 GRANADA ROAD WEST PALM BEACH, FL 33401
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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0360938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAHN, CHRISTOPHER 285 GRANADA ROAD WEST PALM BEACH, FL 33401

**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) DATE _____

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

000000501233
04/25/06-80053-024 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, SCOTT 5160 68TH AVE., S.E. CALGARY, ALBERTA T2C-4N8,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC HUTCHINGS, DARRELL 5160 68TH AVE., S.E. CALGARY, ALBERTA T2C-4N8,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, SCOTT 5160 68TH AVE., S.E. CALGARY, ALBERTA T2C-4N8,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUTCHINGS, WARREN W 5160 68TH AVE., S.E. CALGARY, ALBERTA T2C-4N8,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Scott Price April 4, 2006 (403) 203-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #