


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003711 1. Entity Name POWERLINE INNKEEPERS, INC.	
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Principal Place of Business 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801	Mailing Address 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0098094	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, DOUGLAS 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, R J 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS M 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AKRIDGE, DAVID 1000 MARKET STREET, BLDG. 1, SUITE 300 PORTSMOUTH, NJ 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80128-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas E Greene* *Douglas Greene* 1/31/05 (603) 589-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #