


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 011 \*\*\*150.00

**DOCUMENT # F05000001683**

1. Entity Name  
SUNWAY HOTEL MANAGEMENT, INC.



Principal Place of Business  
10985 CODY, SUITE 220  
OVERLAND PARK, KS 66210

Mailing Address  
10985 CODY, SUITE 220  
OVERLAND PARK, KS 66210

40042030



**DO NOT WRITE IN THIS SPACE**

02222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
43-1326980

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	CULBERTSON, DONALD E
STREET ADDRESS	10985 CODY, SUITE 220
CITY - ST - ZIP	OVERLAND PARK, KS 662101224
TITLE	VC
NAME	KINDRED, KAREN
STREET ADDRESS	10985 CODY, STE 220
CITY - ST - ZIP	OVERLAND PARK, KS 662101224
TITLE	S
NAME	THOMAS, KAREN J
STREET ADDRESS	10985 CODY, SUITE 220
CITY - ST - ZIP	OVERLAND PARK, KS 662101224
TITLE	Vice President
NAME	Smith, Linda L.
STREET ADDRESS	10985 Cody, Suite 220
CITY - ST - ZIP	Overland Park, KS 662101224
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07  
Date

913-345-2111  
Daytime Phone #