2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

	ANNUAL REPORT	
DOCUMENT	# E0500001712	

DOCUMENT # F05000001712 1. Entity Name WEST PALM HOTEL HOLDINGS, INC.								04-28-200	08 90326 (047 ***150	0.00	
Principal Place of Business 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448			Mailing Address 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448				[] 	- 	REWILL (WWW.) 11010 110	100 4 11 1 00 1		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032008	Chg-P	CR2E	034 (12/06)			
City & State			City & State				4. FEI Numbe 20-246				plied For t Applicable	
Zip	Country		Zip Coun		ountry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current F	Registered Agen	t		7. Name and Address of New Registered Agent						
COBBOB	TION CE	BUICE COMBANY			Name	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street A	Street Address (P.O. Box Number is Not Acceptable)							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JULE, . L											
				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_												
SIGNATURE	Signature, typed	or printed name of registered agent a	nd litte if applicable.	(NOTE: Regu	stered Agent signal	ture required	when reinstating)		DATE			
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND [DIRECTORS		11.		ADDITIONS/	CHANGES TO C	FFICERS AN	D DIRECTORS	S IN 11	
TITLE	PCD Delete T			TITLE					Change	☐ Addition		
NAME STREET ADDRESS	·				NAME STREET ADDRESS							
City-St-ZiP	L .	SPRING, MD 209014446			CITY-ST-ZIP							
TITLE	VD			Delete	TITLE	PICI				Change	Addition	
NAME	HANLEY, KEVIN P					KEV	n P. HAn	ILEY IBIA PIKE	< <:un	, = 7~		
STREET ADDRESS CITY-ST-ZIP								46 MD				
TITLE					TITLE		15/5	VAI INIT	2010	Change	Addition	
NAME	1	S, PAMELA M			NAME	PAM	FIA M.	WILLIAM	S	•		
STREET ADDRESS	10770 COLUMBIA PIKE, SUITE 200 STRI				STREET ADDRESS	S 10770 COLUMBIA PIKE SUITE 200						
CITY-ST-ZiP	<u> </u>	SPRING, MD 209014448			CITY-ST-ZIP			MG MY	2040			
TITLE Name	T WARCZA	K, CHARLES G JR.	Ц		THTLE NAME		T/B	. WARCZ	Dr IQ	Change	☐ Addition	
STREET ADORESS	l	DLUMBIA PIKE, SUITE 2	00		STREET ADDRESS	1077	ID COLUM	ABIA PIK	E SUL	TE 200		
CITY-ST-ZIP	SILVER S	SPRING, MD 209014448			CITY-ST-ZIP		ER SPRI					
TITLE	VCDO			20,210	THTLE	\ <u>\</u>				Change Change	☐ Addition	
NAME STREET ADDRESS		RANDALL R)LUMBIA PIKE, SUITE 2	00		NAME STREET ADDRESS	KAN	DALL R.	HAKTIG	C lime	3	.]	
CITY-ST-ZIP	F	SPRING, MD 209014448			CITY-ST-ZIP			BIA PIKE NG MI				
TITLE				Delete	TITLE		E17 11 12	(22)	3 OV	Change	☐ Addition	
NAME					NAME		-					
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP					•		
12 I hereby o	ertify that th	e information supplied with	this filing does a	ot qualify for the	exemptions of	contained	in Chanter 110	I. Florida Statute	s. I further ce	rtify that the in	tormation	
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 of the containing the containing that it is contained by the conta												

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR PAMELA M. WILLIAMS

SIGNATURE: