
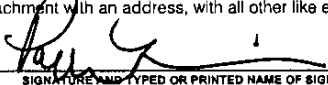


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2008 90326 045 \*\*\*150.00

<b>DOCUMENT # F05000006026</b>					
1. Entity Name 36TH STREET HOTEL HOLDINGS, INC.					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3604767	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACCUTCHEON, JAMES A		NAME		
STREET ADDRESS	10770 COLUMBIA PIKE, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING, MD 209014448		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	VIC/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAMELA M		NAME	PAMELA M. WILLIAMS	
STREET ADDRESS	10770 COLUMBIA PIKE, SUITE 200		STREET ADDRESS	10770 COLUMBIA PIKE SUITE 200	
CITY-ST-ZIP	SILVER SPRING, MD 209014448		CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PIC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, KEVIN P		NAME	KEVIN P. HANLEY	
STREET ADDRESS	10770 COLUMBIA PIKE, SUITE 200		STREET ADDRESS	10770 COLUMBIA PIKE SUITE 200	
CITY-ST-ZIP	SILVER SPRING, MD 209014448		CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VIC/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARCZAK, CHARLES G JR		NAME	CHARLES G. WARCAK, JR.	
STREET ADDRESS	10770 COLUMBIA PIKE, SUITE 200		STREET ADDRESS	10770 COLUMBIA PIKE SUITE 200	
CITY-ST-ZIP	SILVER SPRING, MD 209014448		CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RANDALL R. HARTIG	
STREET ADDRESS			STREET ADDRESS	10770 COLUMBIA PIKE SUITE 200	
CITY-ST-ZIP			CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: April 21, 2008		Daytime Phone #: 301-592-3891	
PAMELA M. WILLIAMS					