

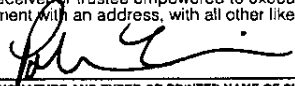


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90326 003 ***150.00

DOCUMENT # F05000006030 1. Entity Name DEERFIELD BEACH 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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-3604834				Applied For <input type="checkbox"/> Not Applicable	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	CP MACCUTCHEON, JAMES A 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, PAMELA M 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIGIS/D PAMELA M. WILLIAMS 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANLEY, KEVIN P 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIC/D KEVIN P. HANLEY 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARCZAK, CHARLES G JR 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC/T CHARLES G. WARCZAK, JR. 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDALL R. HARTIG 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 #: 301-591-3891			
PAMELA M. WILLIAMS					