

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90326 049 \*\*\*150.00

<b>DOCUMENT # F05000006031</b>					
<b>1. Entity Name</b> FIRST CHOICE HOTEL HOLDINGS, INC.					
<b>Principal Place of Business</b> 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448			<b>Mailing Address</b> 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3604900	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	DS WILLIAMS, PAMELA M 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448	<input type="checkbox"/> Delete			
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	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	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	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	VIC/T CHARLES G. WARCAK, 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	V RANDALL R. HARTIG 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING MD 20901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

PAMELA M. WILLIAMS