

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000142

Entity Name: HOTEL DEVELOPMENT INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

404 N GALENA AVE
DIXON, IL 61021

New Principal Place of Business:

1315 FRANKLIN GROVE ROAD
SUITE 110
DIXON, IL 61021

Current Mailing Address:

404 N GALENA AVE
DIXON, IL 61021

New Mailing Address:

1315 FRANKLIN GROVE ROAD
SUITE 110
DIXON, IL 61021

FEI Number: 36-4074042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HILL, ALBERT W
Address: 404 N GALENA AVE
City-St-Zip: DIXON, IL 61021

Title: DST () Delete
Name: HILL, KARIN V
Address: 404 N GALENA AVE
City-St-Zip: DIXON, IL 61021

Title: V (X) Delete
Name: BUSCHING, PAUL
Address: 404 N GALENA AVE
City-St-Zip: DIXON, IL 61021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HILL, ALBERT W
Address: 1315 FRANKLIN GROVE ROAD, SUITE 110
City-St-Zip: DIXON, IL 61021

Title: DST (X) Change () Addition
Name: HILL, KARIN V
Address: 1315 FRANKLIN GROVE ROAD, SUITE 110
City-St-Zip: DIXON, IL 61021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT W HILL

DP

04/27/2007

Electronic Signature of Signing Officer or Director

Date