


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F06000003543</b> 1. Entity Name K-T-F ACQUISITION CO.	
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Principal Place of Business 8955 HIGHWAY 98 WEST SUITE 203 DESTIN, FL 32550	Mailing Address 8955 HIGHWAY 98 WEST SUITE 203 DESTIN, FL 32550
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**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3013706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-stating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FIORAVANTI, MARK ONE GAYLORD DRIVE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELEN, PETER J ONE GAYLORD DRIVE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TODD, CARTER R ONE GAYLORD DRIVE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BYRD, BRIAN ONE GAYLORD DRIVE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, COLIN V ONE GAYLORD DRIVE NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000732753  
05/09/07-80058-015 150.00

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: Carter R. Todd, VP & S, 4/13/07 (615) 316-6137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #