2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

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Entity Name: OBB HOSPITALITY OPERATIONS, LIMITED - CORP.

Current Principal Place of Business:

FIRST COMMERCIAL CENTRE BLDG THIRD FLOOR
SUITE 12 FREEPORT GRAND BAHAMA
THE BAHAMAS, XX

New Principal Place of Business:

31 LUPI COURT
ATTENTION: LEGAL DEPARTMENT
PALM COAST, FL 32137 XX

Current Mailing Address:

PO BOX F-42503 FREEPORT GRAND BAHAMA
THE BAHAMAS, XX

New Mailing Address:

31 LUPI COURT
ATTENTION: LEGAL DEPARTMENT
PALM COAST, FL 32137 XX

FEI Number: 98-0519568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMARTIN, CHARLES P
1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

DEMARTIN, CHARLES P
31 LUPI COURT
ATTENTION: LEGAL DEPARTMENT
PALM COAST, FL 32137 US

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: 04/23/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GINN, EDWARD R III
Address: ONE HAMMOCK BEACH PKWY
City-St-Zip: PALM COAST, FL 32137

Title: VC (X) Delete
Name: ADLER, DEAN S
Address: 2929 ARCH STREET THE CIRCA CENTRE
City-St-Zip: PHILADELHPIA, PA 191042868

Title: D (X) Delete
Name: LUBERT, IRA M
Address: 2929 ARCH STREET THE CIRCA CENTRE
City-St-Zip: PHILADELPHIA, PA 191042868

Title: P (X) Delete
Name: MASTERS, ROBERT F
Address: ONE HAMMOCK BEACH PKWY
City-St-Zip: PALM COAST, FL 32137

Title: VS (X) Delete
Name: GRAY, JOHN
Address: FIRST COMMERCIAL CENTRE BLDG THIRD FLOOR
City-St-Zip: THE BAHAMAS, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition
Name: MASTERS, ROBERT F II
Address: 31 LUPI COURT, ATTENTION: LEGAL DEPARTMENT
City-St-Zip: PALM COAST, FL 32137

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

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

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

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: ROBERT F. MASTERS, II MGR 04/23/2008
Electronic Signature of Signing Officer or Director — Date