2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90129 017 ***150.00

DOCUMENT # F15987

1. Entity Name
SHAN MOTEL CO.

Principal Place of Business	Mailing Address
4104W. HWY 192 KISSIMMEE, FL 34741 US	9208 COUNTRY BAY COURT ORLANDO, FL 32819 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07112007 Chg-P CR2E034 (12/06)

4. FEI Number: 59 2085608 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEHTA, RANBIR S
9208 COUNTRY BAY COURT
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: MEHTA HARBHAJAN
Street Address (P.O. Box Number is Not Acceptable): 9208 COUNTRY BAY COURT
City: ORLANDO FL Zip Code: 32819

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: [signature] HARBHAJAN MEHTA 07/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	☑ Delete
NAME	MEHTA, RANBIR S	
STREET ADDRESS	9208 COUNTRY BAY CT	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	S	☐ Delete
NAME	MEHTA, HARBHAJAN	
STREET ADDRESS	9208 COUNTRY BAY CT	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 07/11/07 407-846-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/11/2007 09:44 4072489352 VINOD ARORA CPA PA PAGE 01