
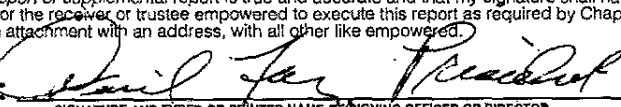


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F92000000712 1. Entity Name COMMONWEALTH HOTELS, INC.		
Principal Place of Business 50 E. RIVERCENTER BLVD STE. 600 COVINGTON, KY 41011 US		Mailing Address 50 E. RIVERCENTER BLVD. STE. 600 COVINGTON, KY 41011 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAILIN, LAWRENCE J 401 E. JACKSON STREET SUITE 2200 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAY, DANIEL T 50 EAST RIVERCENTER BLVD, SUITE 600 COVINGTON, KY 41011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUTLER, WILLIAM P 100 EAST RIVERCENTER BLVD STE 1100 COVINGTON, KY 41011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SNYDER, GORDON 50 E RIVERCENTER BLVD STE 600 COVINGTON, KY 41011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BUTLER, MARTIN 50 E RIVERCENTER BLVD STE 1400 COVINGTON, KY 41011	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  1-16-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1104826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-80058-025.150.00

**DO NOT WRITE
IN THIS SPACE**