2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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ON	Aug 04, 2008 8:00 am
	Secretary of State
	08 04 2008 90031 036 ***150 00

DOCUMENT # F93000001254 18-04-2008 90031 036 150.001. Entity Name FITTS LODGING SERVICES, INC. Principal Place of Business Mailing Address 60046115 P.O. BOX 88298 16311 VENTURA BLVD HONOLULU, HJ 96830-8298 **SUITE 1180** ENCINO, CA 91436 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 94-3076481 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ Delete TITLE TITLE PD Change ☐ Addition FITTS, JOHN I NAME NAME Fitts, John I STREET ADDRESS 16000 VENTURA BLVD, #1010 STREET ADDRESS 59 Quintessa Circle CITY-ST-ZIP **ENCINO, CA 91436** CITY-ST-ZIP VST Delete TITLE TITLE Change ☐ Addition FITTS, TONI NAME NAME Fitts, Toni STREET ADDRESS 1600 VENTURA BLVD, #1010 STREET ADDRESS 59 Quintessa Circle CITY-ST-ZIP **ENCINO, CA 91436** CITY-ST-ZIP THE ☐ Delete TITLE Сhange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-77P TITLE TITI F ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

Daytime Phone #