

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002890

FILED
Apr 29, 2005
Secretary of State

Entity Name: LODGING OPPORTUNITIES CORPORATION

Current Principal Place of Business:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Principal Place of Business:

Current Mailing Address:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Mailing Address:

FEI Number: 52-1748288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TCEO () Delete
Name: FRDERICK V. MALEK,
Address: 410 SEVEN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: PCEO () Delete
Name: LELAND C. PILLSBURY,
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: VPAS () Delete
Name: GREGORY DROEGE,
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: VPAS () Delete
Name: KAMMERER, THOMAS
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: VP () Delete
Name: WEYMER, DAVID J
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID J. WEYMER

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date