2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000003600

1. Entity Name
HALLMARK HOTELS, INC.

FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

C/O ANGELO DE CICCO, PRESIDENT 1 WILDWOOD LANE AMHERST, NH 03031 C/O ANGELO DE CICCO, PRESIDENT 1 WILDWOOD LANE AMHERST, NH 03031



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0334456 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | U00000589382 01/18/07-80014-001 150.00 |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DE CICCO, ANGELO 1 WILDWOOD LANE AMHERST, NH 03031 | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DE CICCO, SANDRA S 1 WILDWOOD LANE AMHERST, NH 03031 | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME 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 eath; 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: __

CANALUS CALL CUSCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/67 603/424-9848 Desymme Prome #