2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000000660 REMINGTON ORLANDO HOTEL CORP. FILED 06 MAY -3 PM 12: 09 Principal Place of Business Mailing Address 14185 DALLAS PKWY, 1150 14185 DALLAS PKWY, 1150 SECRETARY OF STATE DALLAS, TX 75245 DALLAS, TX 75245 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3489076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS TITLE PCD BENNETT JR. ARCHIE NAME STREET ADDRESS 14185 DALLAS PKWY, 1150 CITY-ST-ZIP DALLAS, TX 75254 200074764582 05/17/06--01041--001 **600.00 TITLE BROOKS, DAVID A NAME 14185 DALLAS PKWY, 1150 STREET ADDRESS CITY-ST-ZIP DALLAS, TX TITLE SHUMWAY, RUTH L NAME 14185 DALLAS PKWY, 1150 STREET ADDRESS DO NOT WRITE DALLAS, TX CITY-ST-ZIP TITLE IN THIS SPACE NUNNELEY, MARK L NAME STREET ADDRESS 14185 DALLAS PKWY, 1150 CITY-ST-ZIP DALLAS, TX TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 any attachment with an address with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SUSTING OFFICER OR DIRECT

Ruth Shumay

4/11/06

472-778-9271

Daytime Phone #