2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM Secretary of State DOCUMENT # J12884 KENT MOTEL, INC. Principal Place of Business 22345 SOUTH DIXIE HIGHWAY 22345 SOUTH DIXIE HIGHWAY GOULDS, FL 33170 GOULDS, FL 33170 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 01132006 Applied For 4. FEI Number 59-2685154 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE ROCKMAN, LOUIS M. 8500 S.W. 92ND STREET, SUITE 106 MIAMI, FL 33156 5. 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 this if applicable DATE (NOTE Registered Agent signature required when reinstating) \$5.00 May Be U00000464071 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 03/21/06-80098-015 150.00 OFFICERS AND DIRECTORS 10. IME PATEL, INDRAVADAN L. NAME 22345 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP GOULDS, FL TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-51-21 The state of the s TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: + HDPAYAOAH

SIGNATURE AND TYPET OR FRONTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date