


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90043 009 ***150.00

DOCUMENT # J99308	
1. Entity Name BUDGET INNS OF CRESTVIEW, INC.	

Principal Place of Business 4255-S FERDON BLVD. CRESTVIEW, FL 32536 US	Mailing Address P.O. BOX 130 CRESTVIEW, FL 32536 US
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2. Principal Place of Business 349 SW MIRACLE STRIP	3. Mailing Address 349 SW MIRACLE -
Suite, Apt. #, etc. -	Suite, Apt. #, etc. STRIP PKWY
City & State FORT WALTON BEACH	City & State FORT WALTON BCH-FL
Zip 32548 Country OKALOOSA	Zip 32548 Country OKALOOSA

60010410



02052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2846156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, KISHOR N. 4255 SOUTH FERDON AVENUE CRESTVIEW, FL 32536	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATEL, KISHOR N.		NAME PATEL KISHOR. N.	
STREET ADDRESS 4255 SOUTH FERDON AVE.		STREET ADDRESS 349 SW MIRACLE STRIP PKWY	
CITY-ST-ZIP CRESTVIEW, FL		CITY-ST-ZIP FORT WALTON BEACH-FL-32548	
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATEL, NIRMALA K.		NAME PATEL NIRMALA. K	
STREET ADDRESS 4255 SOUTH FERDON AVE.		STREET ADDRESS 349 SW MIRACLE STRIP PKWY	
CITY-ST-ZIP CRESTVIEW, FL		CITY-ST-ZIP FORT WALTON BEACH	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *Kishor N. Patel* 2-4-06 850-302-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #