


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K33619 1. Entity Name FORTUNE HOTELS, INC.	
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Principal Place of Business 5600 GULF BOULEVARD ST PETERSBURG BEACH, FL 33706	Mailing Address 5600 GULF BOULEVARD ST PETERSBURG BEACH, FL 33706
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2925872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEMONTIGNY, JOSEPH N 5600 GULF BLVD ST PETERSBURG BEACH, FL 33706
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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000346848 05/30/05 00035 022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DEMONTIGNY, JOSEPH N 5600 GULF BOULEVARD ST. PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, RICHARD 5600 GULF BOULEVARD ST. PETERSBURG BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BOGOTT, TIMOTHY R 5600 GULF BLVD SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT M 5600 GULF BLVD SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNE, JEFFREY L 5600 GULF BLVD SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/29/05 722-383-2294
Date Daytime Phone #