

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 043 ***158.75

DOCUMENT # K96035 1. Entity Name TWIN ACTION HOTELS, INC.			
Principal Place of Business 1653 RAYMOND DIEHL RD TALLAHASSEE, FL 32308 US		Mailing Address 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3273 N. SHANNON LAKES DR. Suite, Apt. #, etc.	
City & State _____		City & State TALLAHASSEE, FL	
Zip _____		Zip 32309	
Country _____		Country USA	
4. FEI Number 59-2978851		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, ROGER D. 7118 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name SAVE Street Address (P.O. Box Number is Not Acceptable) 3273 N. SHANNON LAKES DR. City TALLAHASSEE FL Zip Code 32309	
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 <u><i>ROGER D. HOBBS</i></u> <u><i>Roguel J. Hobbs</i></u> <u><i>1/20/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME HOBBS, RONALD H. STREET ADDRESS 7118 BEECH RIDGE TRAIL CITY - ST - ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition	8940 WINGED FOOT DR. TALLAHASSEE, FL 32312
TITLE PTD NAME HOBBS, ROGER D. STREET ADDRESS 7118 BEECH RIDGE TRAIL CITY - ST - ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition	3273 N. SHANNON LAKES DR. TALLAHASSEE, FL 32309
TITLE SD NAME HOBBS, CAROLYN F STREET ADDRESS 7118 BEECH RIDGE TRAIL CITY - ST - ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition	8940 WINGED FOOT DR. TALLAHASSEE, FL 32312
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>ROGER D. HOBBS</i></u> <u><i>Roguel J. Hobbs, Pres.</i></u> <u><i>1/20/06</i></u> <u><i>(850) 422-0040</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			