2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 27, 2006 08:00 AN Secretary of State

Daytime Phone #

DOCUMENT # L17057 1. Entity Name 40 HOTEL CORP. Principal Place of Business Mailing	J Address			Se	cretary	of Stat
	EAVER ST NY, NY 12207 US					
			04082006	No Chg-P	CR2E034 (11	
DO NOT WRITE IN	THIS SPA	CE	4. FEI Number			Applied For
Sign of the state			58-1862 5. Certificate of	of Status Desired		Not Applicable 5 Additional
6. Name and Address of Current Registere	d Agent	GRANIE ALARMA			Fee Re	equired
BOYLES, WILLIAM A. 201 EAST PINE STREET, SUITE 1200 ORLANDO, FL 32801		100 m	DO IN T	NOT W HIS SP	ACE	
 The above named entity submits this statement for the purporthe obligations of registered agent. 	ose of changing its register	red office or register	ed agent, or both	, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE		<u>-</u>				
Signature, typed or printed name of registered agent and title if appl	icable. (NOTE. Register	ed Agent signature required	when reinstating)		DATE	
After May 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees			
10. OFFICERS AND DIRECTOR	RS .		er er er Erjal yffig	The second second		37.190
NAME ZIPES, RICHARD D.						0.0403.00
STREET ADDRESS 40 BEAVER ST CITY-ST-ZIP ALBANY, NY 12207		1			กกรากอีเรือ	Carry Constraint I
CITY-ST-ZIP ALBANY, NY 12207		a a captiona	- 4.2 c - 2.4 c . 5 . 5 d	75/09/0	00538858 6-80077-	ากุร ไร้ก็.ก็เ
NAME SWAWITE, DAVID		1.03				
STREET ADDRESS 40 BEAVER ST CITY-51-ZIP ALBANY, NY 12207			100 E.			
TITLE D		- 1	i i i i i i i i i i i i i i i i i i i	in in the second of the second second	elitrikarien i Salata (j. 1841).	
NAME SWAWITE, DAVID						
STREET ADDRESS 40 BEAVER ST CITY-ST-ZIP ALBANY, NY 12207			· ·DO	NOT W	RITE	ر در المراجع ا
TITLE		. "	2.55	HIS SP		A CONTRACTOR
NAME STREET ADDRESS			***		2 1 C/ Rem	· , ·
CITY-ST-ZIP		<u>.</u>				
TITLE		}		1805 (SELECTION)	and the first	Sold State of the
NAME STREET ADDRESS			ş **	and the second		
CHY-ST-ZIP		4		Florida Statutae	وه هراه در این این در این این این های دوار خوان داد در	
NAME NAME						
STREET ADDRESS			·	garandan jarah di Karantan menganan		
CRY-ST-ZIP	does not qualify for the	omntione contains	Lin Chapter 140	Florida Ctatutas 1	Freehood and the second	the intermedian
12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or tusted empowered to changed, or on an attackment with an address, with all other corporations.	accurate and that my signal execute this report as requer like empowered.	ature shall have the tired by Chapter 607	same legal effect , Florida Statutes	as if made under one and that my name	ath; that I am and appears in Block	officer or director 110 or Block 11 if

I. DAVID SWAWING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR