



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90035 010 ***150.00

DOCUMENT # P00000024930					
1. Entity Name FORTUNE STREET HOTEL, INC.					
Principal Place of Business 8870 N HIMES AVE, # 242 TAMPA, FL 33614			Mailing Address 8870 N HIMES AVE, # 242 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # 111 West Fortune Street		3. Mailing Address 111 West Fortune Street		40111291 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-P CR2E034 (12/06)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3612635	
Zip 33602		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLEN, DAVID H 8870 N HIMES AVE, # 242 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name <u>Andre P. Callen</u> Street Address (P.O. Box Number is Not Acceptable) <u>111 West Fortune Street</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33602</u>		
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>[Signature]</u> <u>Andre P. Callen, VP</u> DATE <u>4/27/07</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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Delete CALLEN, DAVID H 8870 N HIMES, # 242 TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robinson Callen 111 West Fortune Street Tampa, FL 33602				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Desiree Callen O'Neill 111 West Fortune Street Tampa, FL 33602				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lance Callen 111 West Fortune Street Tampa, FL 33602				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robin Callen 111 West Fortune Street Tampa, FL 33602				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andre Callen 111 West Fortune Street Tampa, FL 33602				
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>[Signature]</u> <u>Andre P. Callen</u> Date <u>4/27/07</u> Daytime Phone # <u>(813) 229-6686</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					