

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002375

FILED
Jan 21, 2006
Secretary of State

Entity Name: HOTELMART, INC.

Current Principal Place of Business:

7040 LAKE ELLENOR DRIVE
104
ORLANDO, FL 32809

New Principal Place of Business:

7200 LAKE ELLENOR DRIVE
106
ORLANDO, FL 32809

Current Mailing Address:

7040 LAKE ELLENOR DRIVE
104
ORLANDO, FL 32809

New Mailing Address:

7200 LAKE ELLENOR DRIVE
106
ORLANDO, FL 32809

FEI Number: 59-3729117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, THOMAS
8216 FRAIM COURT
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUSH, MICHAEL
Address: 7280 SPRINGVILLE CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: BECKER, THOMAS
Address: 8216 FRAIM CT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BECKER

VD

01/21/2006

Electronic Signature of Signing Officer or Director

_____ Date