

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90178 014 \*\*\*150.00

<b>DOCUMENT # P01000096386</b> 1. Entity Name WYNDHAM OFFICE PROPERTIES, INC.			
Principal Place of Business 29656 US 19 NORTH, STE. 100 CLEARWATER, FL 33761		Mailing Address 29656 US 19 NORTH, STE. 100 CLEARWATER, FL 33761	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302		3. Mailing Address 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302	
City & State Clearwater, FL Zip 33761 Country US		City & State Clearwater, FL Zip 33761 Country US	
4. FEI Number 59-3748316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GENTILE, MICHAEL 29656 US 19 NORTH, STE. 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name <u>Gentile, Michael</u> Street Address (P.O. Box Number is Not Acceptable) <u>28059 US Hwy 19 N Ste. 302</u> City <u>Clearwater</u> <u>FL</u> Zip Code <u>33761</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIERI, CARL A 29656 US 19 NORTH, STE. 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, MICHAEL 29656 US 19 N STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINIERI, CARL N 29656 US 19 N STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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>Michael Gentile</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-27-2007</u> Daytime Phone # <u>9999</u>	

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