2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED

AME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P02000073112 04-19-2006 90109 027 ***150.00 1. Entity Name CAROLINA HOSPITIALITY, INC. Principal Place of Business Mailing Address 412 EAST MADISON P.O. BOX 48668 **SUITE 1000** SAINT PETERSBURG, FL 33743-8668 US TAMPA, FL 33360-2 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 2852 20th AV Suite, Apt. #, etc. 01102006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 56-2281710 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired US.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOLAN, MARK R 412 EAST MADISON Street Address (B.O. Box Number is Not Acceptable) **SUITE-100**0 TAMPA: FL-33602 City ST. PETERSBURG or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this states the obligations of registered agent. SIGNATURE. - Signature, typed or printed name of registe ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition NAME HAMMEL, BRUCE NAME 2852 - ZOTH AUE N. 412 EAST MADISON # 1000 STREET ADDRESS STREET ADDRESS ST. PETGRSBURG PL CITY-ST-ZIP TAMPA, FL-93002 CITY-ST-ZIP ST TITLE TITLE ☐ Delete Addition DOLAN, MARK R NAME NAME STREET ADDRESS 412 EAST MADISON # 1000 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or suppliemental 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 truster removered 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 applies, with all other like empowered.

FILED