2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090034

KEMP, SUSAN

KEY WEST, FL 33040

121 US HIGHWAY ONE, SUITE 103

Name: Address:

City-St-Zip:

FILED Feb 21, 2008 Secretary of State

Entity Name: TRUMAN HOTEL, INC. **Current Principal Place of Business: New Principal Place of Business:** 611 TRUMAN AVE KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 121 US HWY ONE, STE 103 121 US HIGHWAY ONE KEY WEST, FL 33040 SUITE 103 KEY WEST, FL 33040 FEI Number: 05-0537462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KEMP, WILLIAM O KEMP, WILLIAM O 121 US HWY ONE, STE 103 121 US HIGHWAY ONE KEY WEST, FL 33040 SUITE 103 KEY WEST, FL 33040 US 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: 02/21/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KEMP, WILLIAM O Name: Name: 121 U.S. HIGHWAY ONE, SUITE 103 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITE, C. MARSHALL Name: 6574 PALMER PARK CIRCLE Address: Address: SARASOTA, FL 34238 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LOER, GARY A Name: Name: 6574 PALMER PARK CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: WILLIAM O KEMP 02/21/2008