

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-13-2007 90003 035 \*\*\*550.00

<b>DOCUMENT # P03000030985</b>																																																																																																																																																					
<b>1. Entity Name</b> ESHA HOSPITALITY, INC.																																																																																																																																																					
<b>Principal Place of Business</b> 130 LOBLOLLY LANE PENSACOLA, FL 32526 US			<b>Mailing Address</b> 130 LOBLOLLY LANE PENSACOLA, FL 32526 US																																																																																																																																																		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 41-2091838																																																																																																																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>  GILLIAM, THOMAS J JR. 226 PALAFOX PLACE NINTH FLOOR, SEVILLE TOWER PENSACOLA, FL 32501			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code																																																																																																																																																		
<b>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.</b>																																																																																																																																																					
SIGNATURE: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>6/7/07</u>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3816 MEDFORD DRIVE E.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">DESAI PUSPA BEN</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MOBILE, AL 36693</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">29450 N. MAIN ST. 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<b>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.</b>																																																																																																																																																					
SIGNATURE: <u><i>[Signature]</i></u> DATE: <u>6/7/07</u> DAYTIME PHONE: <u>850 944 8442</u>																																																																																																																																																					