

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118832

Entity Name: TDM RESORTS INC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

SLEEP INN
12282 MORRIS BRIDGE RD
TAMPA, FL 34667 US

Current Mailing Address:

12282 MORRIS BRIDGE RD
TAMPA, FL 34667 US

New Principal Place of Business:

SLEEP INN
18729 WINDING OAKS BLVD
HUDSON, FL 34667 US

New Mailing Address:

18729 WINDING OAKS BLVD
HUDSON, FL 34667 US

FEI Number: 20-1479467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TRACEY T MR
18729 WINDING OAKS BLVD
HUDSON, FL 34667 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: P () Delete
Name: MOORE, TRACEY T MR
Address: 18729 WINDING OAKS BLVD
City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete
Name: MOORE, DEBRA L MRS
Address: 18729 WINDING OAKS BLVD
City-St-Zip: HUDSON, FL 34667 US

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: DEBRA MOORE

VP

01/17/2007

Electronic Signature of Signing Officer or Director

Date