


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90211 002 \*\*\*150.00

<b>DOCUMENT # P05000108677</b>			
1. Entity Name ADI SAGAR MOTEL CORPORATION, INC.			
Principal Place of Business 25353 SEVEN RIVERS CIR LAND O'LAKES, FL 34639		Mailing Address 25353 SEVEN RIVERS CIR LAND O'LAKES, FL 34639	
2. Principal Place of Business - No P.O. Box # 4139 E. BUSCH BLVD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Same</i>	
City & State TAMPA FL		City & State	
4. FEI Number 51-0556460		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DAYTON, WILLIAM G ESO 14148 EIGHTH ST DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name <i>DILIP S MEHTA</i> Street Address (P.O. Box Number is Not Acceptable) <i>25353 SEVEN RIVERS CIR</i> City <i>LAND O LAKES</i> FL Zip Code <i>34639</i>	
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 <i>Dilip S Mehta</i> <i>DILIP S MEHTA</i> 1/10/07 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renouncing) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEHTA, DILIP 4139 E BUSCH BLVD TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEHTA DILIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25353 SEVEN RIVERS CIR LAND O LAKES FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATEL, RAJENDRA 4139 E BUSCH BLVD TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATEL RAJENDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6213 ASHFIELD PLACE WESLEY CHAPEL, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X BHARAT PATEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13426 SECOND AVE. N.E. BRANDANTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition X ← VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Dilip S Mehta</i> <i>DILIP S MEHTA</i> 1/10/07 813-386-1000		Date Daytime Phone #	