

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147202	
1. Entity Name MDP HOSPITALITY, INC.	
Principal Place of Business 3621 WEST SILVER SPRINGS BLVD OCALA, FL 34475	Mailing Address 3621 WEST SILVER SPRINGS BLVD OCALA, FL 34475



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3730846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MAROLIA, MAHESH S. 2630 SW 36TH LANE OCALA, FL 34474	DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROLIA, MAHESH S. 2630 SW 36TH LANE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROLIA, JANAK S. 8761 SOUTHERN BREEZE DR. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, THAKOR C. 1107 MOCKINGBIRD CT. SAN JOSE, CA 95120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, JAYANTI Z. 3041 S. PINE AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANCHAL, JAYANTI 6979 SE 12TH CIR. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, JANAK D. 3924 W. SILVER SPRINGS BLVD. OCALA, FL 34482

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04/20/07-80142-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ✓ *M. Maholi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ *4/19/07* *352-629-0381*
Date Daytime Phone #