
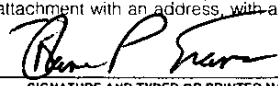
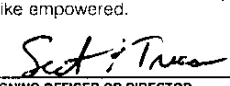
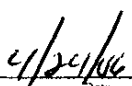


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90219 030 ***150.00

DOCUMENT # P15233 1. Entity Name MOA HOSPITALITY, INC.					
Principal Place of Business 701 LEE ST., STE 1000 DES PLAINES IL 60016 US			Mailing Address 701 LEE ST., STE 1000 DES PLAINES IL 60016 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 156 West 56th Street Suite 1604			
City & State		City & State New York, New York		4. FEI Number 33-0166914	
Zip 10019	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Change of Registered Agent filed 4/12/06 (see attached)			7. Name and Address of New Registered Agent Name National Corporate Research, Ltd., Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	CFOD MUELLER, KURT M. 1009 ASHLAND WILMETTE IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVANS, BLANE P 4550 W 150TH STREET MIDLOTHIAN IL 60445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPATER, LAWRENCE 18 WHITEWOOD NORTH HILLS NY 11576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORG, JUDITH 358 CAROL DRIVE MASSAPEQUA PARK NY 11762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALLACE, PAUL 888 7 AVE, STE 3400 NEW YORK NY 10106	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORY, JUDITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORY, JUDITH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORY, JUDITH	<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 Section 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:   					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT
40081645



April 12, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOA HOSPITALITY, INC.
156 W 56TH ST, SUITE 1604
NEW YORK, NY 10019

Re: Document Number P15233

The Statement of Change of Registered Office and Registered Agent for MOA HOSPITALITY, INC., a Delaware corporation, was filed on April 12, 2006.

This document was electronically received and filed under FAX audit number H06000097614.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Pamela Smith
Document Specialist
Division of Corporations

Letter Number: 906A00024848

40081645
ATTACHMENT

#P15233

H06000097614 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:

MOA HOSPITALITY, INC.

2. The principal office address:

701 Lea Street, Suite 1000Des PlainesIL60016

3. The mailing address (if different):

156 West 56th Street, Suite 1604, New York, NY 100194. Date of incorporation/qualification: 7/17/87 Document number: P15233

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM1200 S. PINE ISLAND ROADPLANTATIONFL33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.515 East Park Avenue(P.O. Box NOT acceptable)TallahasseeFlorida32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Judith Bory

(Signature of an officer or director)

Judith BoryAsst. Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

IDA BOROVY

(Signature of Registered Agent)

4/11/06

(Date)

If signing on behalf of an entity:

IDA BOROVY, ASST. SECY.

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314