

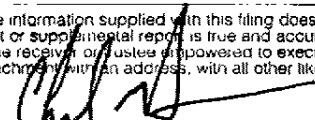


FILED
May 10, 2004 08:00 AM -
Secretary of State

DOCUMENT # P32188 1. Entity Name MASTERS ECONOMY INNS, INC.				Secretary of State	
Principal Place of Business 7080 ABERCORN STREET SAVANNAH, GA 31406		Mailing Address 7080 ABERCORN STREET SAVANNAH, GA 31406			
DO NOT WRITE IN THIS SPACE					
				05062004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 58-1874499	
				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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000159263 05/10/04-80023-014 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMOND, J. ROGER 7080 ABERCORN STREET SAVANNAH, GA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AIMONE, CHARLES M. 7080 ABERCORN STREET SAVANNAH, GA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		5/6/04 912-358-4493			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			