## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P40492  1. Entity Name BOULEVARD MOTEL CORP.							04-28-2008 9	90326 043 ***15	0.00
Principal Place of Business Mailing Address						٠			
10770 COLU	MRIA PIKE		10770 COLUMBIA PIKE			$T_{ij} = T_{ij} = T_{ij}$	•		
SUITE 200		SUITE 200			[		•		
SILVER SPRING, MD 20901 US SILVER SPRING			D 20901 US			(	an seul alem falla lla:	l Cinia Arnia Brnia Albii Albii Gi	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
2. Paricipal Prace of Business - No P.O. Box #		3. Ivialing Address					<u> </u>	]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04032008	Chg-P	CR2E034 (12/06)	
City & State		City & State				4. FEI Number		<del>                                     </del>	pplied For
Zip Country		Zip Countr		try	52-1639730 Not Applicate  5 Cartificate of Status Desired   \$8.75 Additional				
·						5. Certificate o	Status Desired	Fee Require	
6. Name and Address of Current I		egistered Agent		N		7. Name and A	ddress of New R	legistered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.				Name					
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 105 TALLAHASSEE, FL 32301									
				City				FL Zip Cod	le
B. 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 acce									and accept
the obligations of registered agent.									
SIGNATURE Signature, typoid or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contributi				cing		00 May Be ed to Fees			
10.	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE	CEOD	Delete				7.00177011070		☐ Change	Addition
NAME	MACCUTCHEON, JAMES A		NAME	Ε					
STREET ADDRESS	1		STRE	ET ADDRESS					
CITY-ST-ZIP	SILVER SPRING, MD 20901		CITY	-ST-ZIP					
TITLE	VRED Delete		TITLE	i P	1/0/1	D	-~	Change	Addition
NAME STREET ADDRESS	1		NAM(	ET ADDRESS   ↓	KEVI	A F. HAN	SIAPIKE S	SUITE 200	
CITY-ST-ZIP	1		1				NG Mb a		
TITLE	CFOO Delete		TITLE			/T/D	ACT INTO 0	Change	☐ Addition
NAME	WARCZAK, CHARLES JR	LLI Delete	NAME				NARCZAK		
STREET ADDRESS	10770 COLUMBIA PIKE #200		STRE					SUITE 200	
CITY-ST-ZIP	SILVER SPRING, MD 20901		CITY	-ST-ZIP	SILV	ER SPRIN	4 MB 2	10901	
TIRE	vcs	☐ Delete	TITLE	: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V/G	15/6		Change	Addition
NAME	WILLIAMS, PAMELA M		NAME			ELA M. W			
STREET ADDRESS CITY-ST-ZIP	10770 COLUMBIA PIKE #200 SILVER SPRING, MD 20901							SUITE 200	
TITLE			TITLE		ويساد	CO OF KIN	6 Mb 2	☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STRE	et address					
CITY-ST-ZIP			CITY	-ST-ZIP			+		
TITLE		Delete	TITLE	i				☐ Change	Addition
NAME CYNCET ADODESC			NAMI	- 1					
STREET ADORESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
40 15		this fiting date ant qualify (o				in Chantar 110	Clasida Ctatutas I	luther parifuthat the	information

2. 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 suppliermental 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 chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres 2/1591-