


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90264 029 ***150.00

DOCUMENT # P93000002781	
1. Entity Name S.P. LODGING, INC.	

Principal Place of Business 5353 CONROY ROAD ORLANDO, FL 32811 US	Mailing Address 5353 CONROY ROAD ORLANDO, FL 32811 US
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2. Principal Place of Business - No P.O. Box # S.P. LODGING, INC	3. Mailing Address 541 W. CENTRAL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WALES FL	City & State LAKE WALES FL
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Zip 32853	Country USA	Zip 32853	Country USA
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4007754b



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3160501	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VALBH, ANIL I 5353 CONROY ROAD SUITE 200 ORLANDO, FL 32811	

7. Name and Address of New Registered Agent	
Name RAJESH L. PATEL	
Street Address (P.O. Box Number is Not Acceptable)	
541 W. CENTRAL AVENUE	
City LAKE WALES	FL 32853

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 *Rajesh Patel* **04/19/07**
Signature, typed or printed name of registered agent and fee 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	PSTD VALBH, ANIL 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, RAJESH 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAJESH L. PATEL 541 W. CENTRAL AVE. LAKE WALES FL 32853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Rajesh Patel* **04/19/07** **883-676-7925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #