2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007960

Entity Name: CLINTON HOTEL CORPORATION

FILED Jul 11, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6767 COL	LINS AVE				
602 MIAMI BEA	ACH, FL 33141				
	,		New Mailing Address		
Current iv	lailing Address:		New Mailing Address	.	
6767 COL 602	LINS AVE				
MIAMI BEA	ACH, FL 33141				
FEI Number	: 65-0412757	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	f New Registered Agent:	
6767 COL STE 602	SKI, ISABELLA LINS AVE ACH, FL 33141	US			
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no	ot receive the prior notice.		
	mpaign Financing T S AND DIRECTO	rust Fund Contribution ().	ADDITIONS/CHANCI	ES TO OFFICERS AND DIRECTORS:	
OFFICER	3 AND DIRECT	JRS.	ADDITIONS/CHANG	es to officers and directors.	
Title:	PD ()D		Title:	() Change () Addition	
Name:	SULKOWSKI, ISA		Name:		
Address:	6767 COLLINS AV		Address:		
City-St-Zip:	MIAMI BEACH, FL	. 33139	City-St-Zip:		
			City-St-Zip:	() Change () Addition	
Title:	D ()D	elete	City-St-Zip: Title:	() Change () Addition	
Title: Name:	D ()D SULKOWSKI, KAZ	elete ZIMIERZ	City-St-Zip: Title: Name:	() Change () Addition	
Title: Name: Address:	D () D SULKOWSKI, KAZ 6767 COLLINS AV	elete ZIMIERZ /E 602	City-St-Zip: Title: Name: Address:	()Change ()Addition	
Title: Name: Address:	D ()D SULKOWSKI, KAZ	elete ZIMIERZ /E 602	City-St-Zip: Title: Name:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D SULKOWSKI, KAZ 6767 COLLINS AV	elete ZIMIERZ /E 602 . 33141	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL	elete ZIMIERZ /E 602 . 33141 elete	City-St-Zip: Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip: Title: Name:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL	elete ZIMIERZ /E 602 . 33141 elete IA	City-St-Zip: Title: Name: Address: City-St-Zip: Title:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL SD () D TARTAGLIA, MAR	elete ZIMIERZ /E 602 . 33141 elete IA /E 602	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL SD () D TARTAGLIA, MAR 6767 COLLINS AV MIAMI BEACH, FL	elete ZIMIERZ /E 602 . 33141 elete IA /E 602 . 33141	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL SD () D TARTAGLIA, MAR 6767 COLLINS AV MIAMI BEACH, FL	elete ZIMIERZ /E 602 . 33141 elete IA /E 602 . 33141	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL SD () D TARTAGLIA, MAR 6767 COLLINS AV MIAMI BEACH, FL D () D TARTAGLIA, ARM	elete ZIMIERZ /E 602 . 33141 elete IA /E 602 . 33141 elete ANDO	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () D SULKOWSKI, KAZ 6767 COLLINS AN MIAMI BEACH, FL SD () D TARTAGLIA, MAR 6767 COLLINS AN MIAMI BEACH, FL D () D TARTAGLIA, ARM 6767 COLLINS AN	elete ZIMIERZ /E 602 . 33141 elete IA /E 602 . 33141 elete ANDO /E 602	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	D () D SULKOWSKI, KAZ 6767 COLLINS AV MIAMI BEACH, FL SD () D TARTAGLIA, MAR 6767 COLLINS AV MIAMI BEACH, FL D () D TARTAGLIA, ARM	elete ZIMIERZ /E 602 . 33141 elete IA /E 602 . 33141 elete ANDO /E 602	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLA SULKOWSKI RA 07/11/2006