


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000010103 1. Entity Name SKYLINE HOTEL CORPORATION	
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Principal Place of Business 9301 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Mailing Address 9301 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE

08152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3164844	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

JOGINDER, BAGGA
9301 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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.
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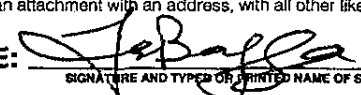
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGGA, JOGINDER 9301 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAGGA, PRAVEEN 9301 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/18/05-80001-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  08/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #