

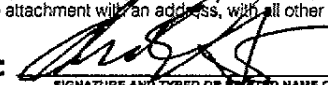


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000023294		
1. Entity Name SARASOTA BAY HOTEL, INC.		
Principal Place of Business 1258 NORHT PALM AVENUE SARASOTA, FL 34236 US		Mailing Address 1258 NORHT PALM AVENUE SARASOTA, FL 34236 US
DO NOT WRITE IN THIS SPACE		
		01112007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0498568		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		
ABATE, ANTHONY J 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236		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 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GITHLER, CHARLES E III 1258 NORTH PALM AVENUE SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KANE, DANIEL 1258 NORTH PALM AVENUE SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KANE, STANLEY B 1258 NORTH PALM AVENUE SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GITHCER, KIM K. 1258 N. PALM AVE SARASOTA, FL 34236	
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 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: 		CHARLES GITHLER 941 955 0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #