2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P94000086269

Entity Name: HOSPITALITY PARTNERS, INC.

Current Principal Place of Business:

1633 PERIWINKLE WAY, STE. A
SANIBEL, FL 33957

New Principal Place of Business:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919

Current Mailing Address:

1633 PERIWINKLE WAY, STE. A
SANIBEL, FL 33957

New Mailing Address:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919

FEI Number: 65-0540474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, STE. A
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

BRAID, EDWARD S
4489 WINDJAMMER LANE
FT. MYERS, FL 33919 US

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.

SIGNATURE: EDWARD S. BRAID 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BRAID, EDWARD S
Address: 4489 WINDJAMMER LANE
City-St-Zip: FT. MYERS, FL 33919

Title: DST ( ) Delete
Name: BRAID, PATRICIA A
Address: 4489 WINDJAMMER LANE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD S. BRAID DP 04/22/2005
Electronic Signature of Signing Officer or Director Date