2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 08:00 AM DOCUMENT # P95000039700 1. Entity Name **Secretary of State** DOWNTOWN PARKING CORPORATION Principal Place of Business Mailing Address 411 CAROLINE ST. 566 SYLVAN DRIVE WINTER PARK FL 32789 KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3320031 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, JOYCE Street Address (P.O. Box Number is Not Acceptable) **566 SYLVAN DRIVE** WINTER PARK FL 32789 CiN Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD DHE Delete IIILE ☐ Change ☐ Addition WALKER, JOYCE NAM NAME 566 SYLVAN DRIVE U000000612041 STRLET ADDRESS STREET ADDRESS 02/02/07-8009i-019 150.nn WINTER PARK FL CITY-ST-ZIP CITY-ST-7(P Change Addition TITLE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY SI-ZIP Delete Change Addition IIIL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST-7iP ☐ Change ☐ Addition IIILL ☐ Delcte THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP COTY ST-702 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HALE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this roport 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 807, 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:

HOTEL Walker 100 MAN OFFICER OR DIRECTOR

Dele Daytime Phone #

FILED