2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087268

Entity Name: HOTEL LIQUIDATOR GROUP INC.

FILED Jan 26, 2006 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:		
1207 ENTERPRISE DR. PORT CHARLOTTE, FL 33	3953 US			
Current Mailing Address:		New Mailing Address:		
1207 ENTERPRISE DR. PORT CHARLOTTE, FL 33	3953 US			
FEI Number: 65-0624706	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Cu	rrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
RICKERT, DALE 1207 ENTERPRISE DR. PORT CHARLOTTE, FL 3:	3953 US			
The above named entity sul in the State of Florida.	omits this statement for the pu	rpose of changing its registered c	ffice or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Agen	t	Date	
Election Campaign Financing T	rust Fund Contribution ().			

OFFICERS AND DIRECTORS:

679 SPRINGLAKE BLVD

PT CHARLOTTE, FL

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

224 CORRIE CRESCENT

WATERLOO, ON N2L5W4 CA

() Delete Title: Title: (X) Change () Addition RICKERT, DALE RICKERT, DALE Name: Name: 2484 BALTIC AVE 2484 BALTIC AVE Address: Address: City-St-Zip: PT CHARLOTTE, FL City-St-Zip: PT CHARLOTTE, FL 33952 US Title: VΡ () Delete Title: VΡ (X) Change () Addition RICKERT, DENNY RICKERT, DENNY Name: Name: Address: Address: 679 SPRINGLAKE BLVD 224 CORRIE CRESCENT PT CHARLOTTE, FL WATERLOO, ON N2L5W4 CA City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: RICKERT, KRIS Name: RICKERT, KRIS

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.

Address:

City-St-Zip:

SIGNATURE: DALE RICKERT P 01/26/2006