


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90409 031 \*\*\*150.00

<b>DOCUMENT # P96000097310</b>	
1. Entity Name <b>OKEECHOBEE INN, INC.</b>	

Principal Place of Business <b>265 N US 27 SOUTH BAY, FL 33493</b>	Mailing Address <b>1075 S MAIN ST BELLE GLADE, FL 33430</b>
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2. Principal Place of Business - No P.O. Box # <b>668 67 ST CIRCLE E</b>	3. Mailing Address <b>668 67 ST CIRCLE E</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRADENTON, FL</b>	City & State <b>BRADENTON, FL</b>
Zip <b>34208</b>	Zip <b>34208</b>
Country	Country



04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0712101</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Ed WIEDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 N. KROME AVE</b> City <b>HOMESTEAD</b> FL Zip Code <b>33030</b>

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 *Ed Wieder* DATE 4-27-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PATEL, ASHOK J 834 CARAWAY COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATEL, NAVNIT J 834 CARAWAY COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NAVNIT PATEL 2805 FAIRWAY DR HOMESTEAD, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATEL, RAJENDRA B 834 CARAWAY COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATEL, RAJENDRA 1202 N. KROME AVE FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATEL, SHILPA A 834 CARAWAY COURT WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, SHITAL 1202 N. KROME AVE FLORIDA CITY, FL 33034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATEL, DHARMISTA A 834 CARAWAY COURT WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, DIPESH 668 67TH ST CIRCLE E BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATEL, DAKSHA R 834 CARAWAY COURT WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, ASHWINI 668 67TH ST CIRCLE E BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Daksha Patel* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_