

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005491

FILED
Mar 06, 2006
Secretary of State

Entity Name: GAINESVILLE HOTEL ASSETS, INC.

Current Principal Place of Business:

325 FIFTH AVENUE
#207
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 33547
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3423222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONIN, LAUREN B
325 FIFTH AVENUE
#297
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, C W
Address: 3970 PARKWAY DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: PD () Delete
Name: FAUST, CHARLES R
Address: 4116 NO OCEAN DRIVE STE 700
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

Title: ST () Delete
Name: KOONIN, LAUREN B
Address: 325 FIFTH AVE. #207
City-St-Zip: INDI ALANTIC, FL 32903

Title: ASVP () Delete
Name: HENDERSON, CHARISSE A
Address: 325 FIFTH AVE. #207
City-St-Zip: INDI ALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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.

SIGNATURE: LAUREN B. KOONIN

ST

03/06/2006

Electronic Signature of Signing Officer or Director

Date