2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067058

City-St-Zip:

DAVENPORT, FL 33897

Entity Name: BROKEN ARROW MOTEL INVESTMENT, INC.

FILED Jan 07, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|--------------------------------|---|--|--|
| 44199 HW DAVENPO | /Y 27 DRT, FL 33897 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 44199 HW DAVENPO | /Y 27 DRT, FL 33897 | US | | | |
| FEI Number | : 59-3463600 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 44199 HW | , JANAK S /Y 27 DRT, FL 33897 | US | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () MAROLIA, JANA 44117 HWY 27 DAVENPORT, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () DESAI, THAKOI 1107 MOCKING SAN JOSE, CA | BIRD CT. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D () NAIK, HEMANT 44117 HWY 27 | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JANAK S. MAROLIA MR. 01/07/2008