

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082275

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: KELCO DADELAND HOTELS, INC.

## Current Principal Place of Business:

1792 BELL TOWER LANE  
SUITE 200  
WESTON, FL 33326

## New Principal Place of Business:

1020 ORIENTAL GARDENS ROAD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1792 BELL TOWER LANE  
SUITE 200  
WESTON, FL 33326

## New Mailing Address:

1020 ORIENTAL GARDENS ROAD  
JACKSONVILLE, FL 32207

FEI Number: 65-0793751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLAY, KELLY S  
2494 PRINCETON CT.  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

SLAY, KELLY S  
1020 ORIENTAL GARDENS ROAD  
JACKSONVILLE, FL 32207 US

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: \_\_\_\_\_

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SLAY, KELLEY D  
Address: 2494 PRINCETON CT.  
City-St-Zip: WESTON, FL 33327

Title: STD ( ) Delete  
Name: SPILLETT, RICHARD J  
Address: 17 DUNBAR CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SLAY, KELLEY D  
Address: 1020 ORIENTAL GARDENS ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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: KELLEY D. SLAY

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date