


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000087440</b> 1. Entity Name PADC HOSPITALITY CORPORATION I		
Principal Place of Business 550 BILTMORE WAY SUITE 970 MIAMI, FL 33134	Mailing Address 550 BILTMORE WAY SUITE 970 MIAMI, FL 33134	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P R. DONAHUE PEEBLES 550 BILTMORE WAY CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>  U00000564605 05/20/06-80078-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMM, DANIEL H 550 BILTMORE WAY CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GASKELL, JUDITH 550 BILTMORE WAY CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;">5/7/06 Date Daytime Phone #</div>		