

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100489		
1. Entity Name ELITE HOSPITALITY CORP.		

Principal Place of Business 444 SEABREEZE BLVD STE 200 DAYTONA BEACH, FL 32118 US	Mailing Address 444 SEABREEZE BLVD STE 200 DAYTONA BEACH, FL 32118 US
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2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3510282		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BHOOLA, MANOJ 444 SEABREEZE BOULEVARD SUITE 200 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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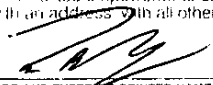
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when constituting) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	800074326798 05/10/06--01009--030 **200.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BHOOLA, MOHAN J 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY, ST, ZIP	CEO X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPD BHOOLA, MANOJ 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY, ST, ZIP	President X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD BHOOLA, SANGEETA 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY, ST, ZIP	CFO X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:  1/23/06 255-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #