

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90025 011 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 45 Seton Trail		3. Mailing Address 45 Seton Trail			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ormond Beach FL		City & State Ormond Beach FL		4. FEI Number 59-3510282	
Zip 32176		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172007 Chg-P CR2E034 (12/06)	
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 Bhoola, MANOJ Street Address (P.O. Box Number is Not Acceptable) 45 Seton Trail City Ormond Beach FL Zip Code 32176	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BHOOLA, MOHAN J <input type="checkbox"/> Delete 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bhoola, Mohan J. 45 Seton Trail Ormond Beach, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHOOLA, MANOJ <input type="checkbox"/> Delete 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bhoola, MANOJ A. 45 Seton Trail Ormond Beach, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BHOOLA, SANGEETA <input type="checkbox"/> Delete 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bhoola, Sangeeta 45 Seton Trail Ormond Beach, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					