

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90115 018 \*\*\*150.00

<b>DOCUMENT # P98000006593</b>					
<b>1. Entity Name</b> LUCIE HOTEL CORP.					
<b>Principal Place of Business</b> 1001 EAST ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483			<b>Mailing Address</b> 1000 MARKET STREET SUITE 300 PORTSMOUTH, FL 33444		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0806409	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CRITCHFIELD, RICHARD H 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1001 E ATLANTIC AVE City Delray Beach FL Zip Code 33483		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> WALSH, MARK	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1001 E ATLANTIC AVE, SUITE 202	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> VPD	<b>NAME</b> WALSH, MICHAEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1001 E ATLANTIC AVE, SUITE 202	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> EVP	<b>NAME</b> ADE, RICHARD C	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1000 MARKET STREET, BLDG. 1	<b>CITY-ST-ZIP</b> PORTSMOUTH, NH 03801		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> S	<b>NAME</b> CULTCHFIELD, RICHARD H	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1001 E ATLANTIC AVE, SUITE 202	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 697, 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>					
<b>SIGNATURE:</b> _____			RICHARD C. ADE EXECUTIVE VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/30/08 Daytime Phone #		

40099054



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