

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000015914

FILED
Oct 11, 2006
Secretary of State

Entity Name: ANCIENT CITY HOSPITALITY GROUP, INC.

Current Principal Place of Business:

3209 SAWGRASS VILLAGE CIRCLE
PONTE VERDE, FL 32082

New Principal Place of Business:

95 VILANO ROAD
ST.AUGUSTINE, FL 32084

Current Mailing Address:

3209 SAWGRASS VILLAGE CIRCLE
PONTE VERDE, FL 32082

New Mailing Address:

95 VILANO ROAD
ST. AUGUSTINE, FL 32084

FEI Number: 59-3492776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNECHT, LISA
3209 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

KNECHT, LISA
95 VILANO ROAD
ST. AUGUSTINE, FL 32084 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:

10/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: KNECHT, JOSEPH S
Address: 3209 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Delete
Name: BAIRD, JOHN
Address: 3209 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VERDE, FL 32082

Title: VP (X) Delete
Name: IVANOV, VESKO
Address: 3209 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VERDE, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KNECHT, LISA C
Address: 95 VILANO ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA C. KNECHT

PRES

10/11/2006

Electronic Signature of Signing Officer or Director

Date