2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030002

Entity Name: SUITES MANAGEMENT, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7400 CANADA AVENUE 9111 MID PINES COURT ORLANDO, FL 32819 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

2813 S HIAWASSEE RD STE 104 ORLANDO, FL 32835

FEI Number: 59-3510751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KALIDAS, NIRMAKSEE
7400 CANADA AVE
9111 MID PINES COURT
ORLANDO, FL 32819 US
ORLANDO, FL 32819 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: 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PS (X) Change () Addition Name: KALIDAS, NIRMAKSEE Name: KALIDAS, NIRMAKSEE

 Name:
 KALIDAS, NIRMAKSEE
 Name:
 KALIDAS, NIRMAKSEE

 Address:
 9111 MID PINES CT.
 Address:
 9111 MID PINES CT.

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: VP () Delete Title: VP (X) Change () Addition Name: KALIDAS, KOKKA Name: KALIDAS, KOKILA

Name:KALIDAS, KOKKAName:KALIDAS, KOKILAAddress:7034 HORIZON CIRCLEAddress:7034 HORIZON CIRCLECity-St-Zip:WINDERMERE, FL 34786City-St-Zip:WINDERMERE, FL 34786

Title: S (X) Delete Title: () Change () Addition

 Name:
 KALDIDAS, ANÍTA
 Name:

 Address:
 7095 HORIZON CIRCLE
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 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: NIRMAKSEE KALIDAS PS 05/01/2006