

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 22, 2006
Secretary of State**

DOCUMENT# P98000030002

Entity Name: SUITES MANAGEMENT, INC.

Current Principal Place of Business:

9111 MID PINES COURT
ORLANDO, FL 32819

New Principal Place of Business:

10641 HOLLY CREST DRIVE
ORLANDO, FL 32836

Current Mailing Address:

2813 S HIAWASSEE RD STE 104
ORLANDO, FL 32835

New Mailing Address:

10641 HOLLY CREST DRIVE
ORLANDO, FL 32836

FEI Number: 59-3510751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALIDAS, NIRMAKSEE
9111 MID PINES COURT
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

KALIDAS, VINOD
10641 HOLLY CREST DRIVE
ORLANDO, FL 32836 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: VINOD KALIDAS

05/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KALIDAS, NIRMAKSEE
Address: 9111 MID PINES CT.
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: KALIDAS, KOKILA
Address: 7034 HORIZON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KALIDAS, VINOD
Address: 10641 HOLLY CREST DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: STVP (X) Change () Addition
Name: KALIDAS, NIRMAKSEE
Address: 10641 HOLLY CREST DRIVE
City-St-Zip: ORLANDO, FL 32836

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: VINOD KALIDAS

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05/22/2006

Electronic Signature of Signing Officer or Director

Date