2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# P98000030002

Entity Name: SUITES MANAGEMENT, INC.

Current Principal Place of Business:

10641 HOLLY CREST DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

8865 COMMODITY CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

10641 HOLLY CREST DRIVE
ORLANDO, FL 32836

New Mailing Address:

8865 COMMODITY CIRCLE
ORLANDO, FL 32819

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KALIDAS, ARTI V
8865 COMMODITY CIRCLE
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: ARTI KALIDAS 04/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD ( ) Change (X) Addition
Name: KALIDAS, ARTI V
Address: 204 E. SOUTH ST, #5062
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify 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: ARTI KALIDAS SD 04/18/2008
Electronic Signature of Signing Officer or Director Date