2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P98000080215

Entity Name: PERDIDO KEY HOSPITALITY, INC.

Current Principal Place of Business:

2726 N. MONROE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

7194 PENSACOLA BLVD
PENSACOLA, FL 32305 US

Current Mailing Address:

2726 N. MONROE ST.
TALLAHASSEE, FL 32303 US

New Mailing Address:

7194 PENSACOLA BLVD.
PENSACOLA, FL 32305 US

FEI Number: 59-3537473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, SAMIR R
2726 N. MONROE ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

PARSHOTAM, OOMESH B
7194 PENSACOLA BLVD
PENSACOLA, FL 32305 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: OOMESH PARSHOTAM 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARSHOTAM, OOMESH
Address: 7194 PENSACOLA BLVD.
City-St-Zip: PENSACOLA, FL 32505

Title: DP (X) Delete
Name: PATEL, JAYESH H
Address: 1504 S. MCKENZIE ST.
City-St-Zip: FOLEY, AL 36535

Title: VTD (X) Delete
Name: PATEL, SAMIR R
Address: 2726 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VSD (X) Delete
Name: PATEL, KETAN M
Address: 2121 ADDERBURY LANE
City-St-Zip: SMYRNA, GA 30082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PARSHOTAM, VIKRAM
Address: 7194 PENSACOLA BLVD.
City-St-Zip: PENSACOLA, FL 32505

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

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 Section 119.07(3)(i), 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: OOMESH PARSHOTAM P 04/29/2005
Electronic Signature of Signing Officer or Director Date