

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033084

Entity Name: 631 ASSOCIATES, INC.

FILED
Sep 11, 2006
Secretary of State

Current Principal Place of Business:

C/O NOBLE HOUSE HOTELS & RESORTS, LTD
225 1208TH AVENUE NE, STE. 300
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

C/O NOBLE HOUSE HOTELS & RESORTS, LTD
225 108TH AVENUE NE, STE 300
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 91-1963557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

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:

Title: D () Delete
Name: COLEE, PATRICK R
Address: 225 108TH AVENUE NE, STE. 300
City-St-Zip: BELLEVUE, WA 98004

Title: D () Delete
Name: BENECKE, MICHAEL
Address: 225 108TH AVENUE NE, STE. 300
City-St-Zip: BELLEVUE, WA 98004

Title: D () Delete
Name: ROTH, JOSEPH H JR
Address: 87851 OLD HWY.
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: VOKEY, SCOTT
Address: 225 108TH AVENUE NE, SUITE 300
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D,VP (X) Change () Addition
Name: DYER, M. P
Address: 225 108TH AVENUE NE, SUITE 300
City-St-Zip: BELLEVUE, WA 98004

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: M. P. DYER

VP

09/11/2006

Electronic Signature of Signing Officer or Director

_____ Date