

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                |                                                                                   |
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| <b>DOCUMENT # P99000048980</b><br>1. Entity Name<br><b>DANIA BEACH HQSPITALITY CORPORATION</b> |  |
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| Principal Place of Business<br><b>1103 EAST LAS OLAS BLVD.<br/>SUITE 200<br/>FORT LAUDERDALE, FL 33301</b> | Mailing Address<br><b>1103 EAST LAS OLAS BLVD.<br/>SUITE 200<br/>FORT LAUDERDALE, FL 33301</b> |
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01192006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>65-0922873</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                                         |
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| 6. Name and Address of Current Registered Agent<br><br><b>COKER, RICHARD G JR.<br/>1404 S ANDREWS AVE<br/>FORT LAUDERDALE, FL 33316</b> |
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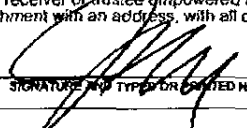
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  | DATE _____ |

|                                                                               |                                                                                                                           |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PO<br/>SHIFF, MICHAEL A<br/>1103 EAST LAS OLAS BLVD. SUITE 200<br/>FORT LAUDERDALE, FL 33301</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>SHIFF, JUSTEN<br/>1103 EAST LAS OLAS BLVD. SUITE 200<br/>FORT LAUDERDALE, FL 33301</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>ALTOBELL, ANTHONY<br/>1103 EAST LAS OLAS BLVD. SUITE 200<br/>FORT LAUDERDALE, FL 33301</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                       |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                  |
| SIGNATURE:  <b>2/8/06</b> <b>954-463-8900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE: _____ DAYTIME PHONE: _____ |