2005 FOR PROFIT CORPORATION ANNUAL_REPORT (AR)

SIGNATURE:

May 04, 2005 8:00 am Secretary of State DOCUMENT # P99000079912 05-04-2005 90169 041 ***158.75 INTERNATIONAL GRANDE HOTEL CORPORATION Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT 50047560 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address SOME ANGHOR RODE DRIVE #106801 ANCHOR RODE DRIVE #106 1st MOORE CR2E034 (10/04) City & Sta NAPLES, FL 34103 4. FEI Number Applied For 65-0994616 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent land Kellin KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND COURT, STE 1 801 ANCHOR RODE DRIVE #106 NAPLES FL 34110 Zip Code 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. Measur SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State .10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Addition ☐ Delete NAME HARDY, ROBERT S NAME STREET ADDRESS 5672 STRAND COURT, STE 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME HARDY, PAUL R 5672 STRAND COURT, STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP -----☐ Delete ШЦЕ ☐ Change ☐ Addition NAME KELLY, JANET NAME STREET ADDRESS 5672 STRAND COURT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34110 TITLE ☐ Delete TITLE Change ☐ Addition KELLY, JANET NAME NAME 5672 STRAND COURT 1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED