


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90004 039 \*\*\*150.00

<b>DOCUMENT # P99000098834</b>	
1. Entity Name FCLC HOTEL DALLAS, INC.	

Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746
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2. Principal Place of Business 300 International Pkwy	3. Mailing Address 300 International Pkwy
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Heathrow, Fl.	City & State Heathrow, Fl.
Zip 32746	Country USA

40017412

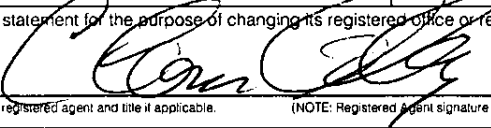


01072006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3613531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C. THOMAS SELBY 300 INTERNATIONAL PARKWAY SUITE 130 HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name C. Thomas Selby Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow, FL Zip Code 32746
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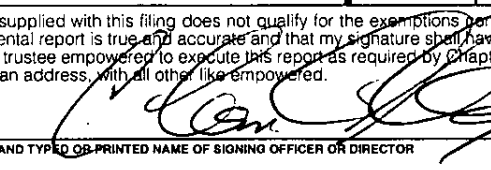
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  C. Thomas Selby 2/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. THOMAS SELBY 300 INTERNATIONAL PKY., STE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. Thomas Selby 300 International Pkwy Suite 300 Heathrow, Fl. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  C. Thomas Selby 2/20/06 407-333-1604  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #