## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000107527

City-St-Zip: ORLANDO, FL 32808

Entity Name: ORLANDO HOSPITALITY GROUP INC

FILED May 01, 2008 Secretary of State

Entity Nar	me: ORLAND	O HOSPITALITY GROUP, INC	<b>∴</b> .				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	A ATLI LA DR. #1209 ), FL 32801						
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	A ATLI LA DR. #1209 ), FL 32801						
FEI Number:	: 59-3614188	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status	Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
ORLANDO	LA DR. #1029 ), FL 32801	US			d e <b>c</b>		
	named entity s e of Florida.	submits this statement for the	purpose of changing i	s registered	d office or registered a	agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notic	е.			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGE	ES TO OFFICERS AN	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ATLI, M. KEMAI 100 S. EOLA DI ORLANDO, FL	RIVE #1029	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DV () ATLI, KENAN O 100 S. EOLA DI ORLANDO, FL	RIVE #1029	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	S () SARI, HASAN 3330 W. COLO	Delete NIAL DRIVE	Title: Name: Address:	S ATLI, HULYA 100 S. EOLA			

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: ORLANDO, FL 32801

SIGNATURE: HULYA ATLI S 05/01/2008