2007 FOR PROFIT CORPORATION

Mar 19, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # S29985** 03-19-2007 90097 050 ***150.00 REGENCY INN OF PANAMA CITY, INC. Principal Place of Business Mailing Address 40030019 301 W. 23RD ST. 301 W. 23RD ST. PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02242007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3058182 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, CHAGANLAL G. Street Address (P.O. Box Number is Not Acceptable) 5003 W. HIGHWAY 98 PANAMA CITY, FL 32401 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 4 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE PATEL, CHHAGANLAL G NAME NAME 5003 W HWY 98 STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32401 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition nν ☐ Change Delete TITLE TITLE PATEL, HANSABEN S NAME 8901 FRONT BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 ☐ Change ☐ Addition THLE Delete TITLE SHAH, PRAVINCHANDRA T. NAME STREET ADDRESS 4917 W. HIGHWAY 98 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL Change ☐ Addition ☐ Delete TITLE TITLE BANKER, SAROJI. NAME STREET ADDRESS STREET ADDRESS 6319 E. HIGHWAY 98 CITY-ST-ZIP PANAMA CITY, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

auntil Glater 3/15/07 SIGNATURE: _