


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V14286**  
 1. Entity Name  
**HOTEL FUND, INC.**



Principal Place of Business 4733 BETHESDA VE STE 640 BETHESDA, MD 20814	Mailing Address 4733 BETHESDA VE STE 640 BETHESDA, MD 20814
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03012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1994708	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 CORPORATION INFORMATION SERVICES INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000462075  
 03/21/06-80021-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIVACK, EDMUND S.
STREET ADDRESS	4733 BETHESDA AVE STE 640
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	P
NAME	SPIVACK, EDMUND S.
STREET ADDRESS	4733 BETHESDA AVE STE 640
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	T
NAME	SPIVACK, EDMUND S.
STREET ADDRESS	4733 BETHESDA AVE STE 640
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	S
NAME	SPIVACK, EDMUND S.
STREET ADDRESS	4733 BETHESDA AVE STE 640
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	AS
NAME	NIEMELA, MARYLYN
STREET ADDRESS	3100 N LEISURE WORLD BLVD APT 411
CITY-ST-ZIP	SILVER SPRING, MD 20906
TITLE	SVP
NAME	KIRKHAM, WALTER
STREET ADDRESS	1650 E. MAPLEWOOD CT
CITY-ST-ZIP	LITTLETON, CO 80121

**DO NOT WRITE IN THIS SPACE**

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 empowerments.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 301-654-0054  
Date Daytime Phone #