

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 046 ***158.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1994708	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remitting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVACK, EDMUND S. 4733 BETHESDA AVE STE 640 BETHESDA, MD 20814 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIVACK, EDMUND S. 4733 BETHSEDA AVE STE 640 BETHESDA, MD 20814 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NIEMELA, MARYLYN 3100 N LEISURE WORLD BLVD APT 411 SILVER SPRING, MD 20906 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS MONICA MOUSSAVI 31 #B Golden Ash Way, Gaithersburg, MD 20878	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KIRKHAM, WALTER 1550 E. MAPLEWOOD CT LITTLETON, CO 80121 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or other like empowered					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/24/07 301-654-0054 Date Daytime Phone #		