

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004069

FILED
Mar 27, 2007
Secretary of State

Entity Name: EAGLE HOSPITALITY PROPERTIES TRUST, INC.

Current Principal Place of Business:

100 E. RIVERCENTER BLVD STE. 480
COVINGTON, KY 41011

New Principal Place of Business:

100 E. RIVERCENTER BLVD
STE 480
COVINGTON, KY 41011

Current Mailing Address:

100 E. RIVERCENTER BLVD STE. 480
COVINGTON, KY 41011

New Mailing Address:

100 E. RIVERCENTER BLVD
STE 480
COVINGTON, KY 41011

FEI Number: 55-0862656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD. INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BLACKHAM, J. WILLIAM
Address: 100 E. RIVERCENTER BLVD STE. 480
City-St-Zip: COVINGTON, KY 41011

Title: ST () Delete
Name: MARTZ, RAYMOND D
Address: 100 E. RIVERCENTER BLVD STE. 480
City-St-Zip: COVINGTON, KY 41011

Title: V () Delete
Name: GUERNIER, BRIAN
Address: 100 E. RIVERCENTER BLVD STE. 480
City-St-Zip: COVINGTON, KY 41011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: RAYMOND D MARTZ

ST

03/27/2007

Electronic Signature of Signing Officer or Director

Date