

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61437

FILED
Apr 27, 2006
Secretary of State

Entity Name: AMERICAN INN OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

ARVIND PATEL
4295 EISENHOWER
HOFFMAN ESTATES, IL 60195

New Principal Place of Business:

VARSHA PATEL
4295 EISENHOWER
HOFFMAN ESTATES, IL 60195

Current Mailing Address:

ARVIND PATEL
4295 EISENHOWER CIR.
HOFFMAN ESTATES, IL 60195

New Mailing Address:

VARSHA PATEL
4295 EISENHOWER CIR.
HOFFMAN ESTATES, IL 60195

FEI Number: 59-1792440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNON, BROWN, HALEY, ROBINSON & COLE, PA
10 N COLUMBIA STREET
ATTN MR. BILL HALEY
LAKE CITY, FL 320550922 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: SD () Delete
Name: PATEL, ARVIND
Address: 4295 EISENHOWER CIRCLE
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: PD () Delete
Name: PATEL, ARVIND
Address: 4295 EISENHOWER CIRCLE
City-St-Zip: HOFFMAN ESTATES, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PATEL, VARSHA
Address: 4295 EISENHOWER CIRCLE
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: PD (X) Change () Addition
Name: PATEL, VARSHA
Address: 4295 EISENHOWER CIRCLE
City-St-Zip: HOFFMAN ESTATES, IL

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: VARSHA PATEL

PD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date