

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033708

FILED
May 06, 2006
Secretary of State

Entity Name: SPRINGFIELD HOSPITALITY, INC.

Current Principal Place of Business:

2216 27TH AVENUE
BEST WESTERN CROSSROADS
COUNCIL BLUFFS, IA 51501

New Principal Place of Business:

Current Mailing Address:

2216 27TH AVE
COUNCIL BLUFFS, IA 51501

New Mailing Address:

FEI Number: 59-3443857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORNS, LAWRENCE W. ESQ.
412 N. HALIFAX AVENUE
DAYTONA BEACH, FL 32118 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: PCO () Delete
Name: RANA, AKHTAR
Address: 2216 27TH AVENUE
City-St-Zip: COUNCIL BLUFFS, IA 51501

Title: VP () Delete
Name: RANA, RUKHASANA P
Address: 1174 S. CARNEGIE DRIVE
City-St-Zip: TUCSON, AZ 05710

Title: PCO () Delete
Name: RANA, AKHTAR
Address: 2216 27TH AVE
City-St-Zip: COUNCIL BLUFFS, IA 51501

Title: VP () Delete
Name: RANA, RUKHASANA P
Address: 1174 S. CARNEGIE DRIVE
City-St-Zip: TUCSON, AZ 05710

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:

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: RANA AKHTAR

PRES

05/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date