

1.) CORPORATION NAME: Vantage Hospitality Group, Inc.	DUE DATE: 4/30/2014						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F1859232						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>100,000</td> </tr> <tr> <td>PREFB</td> <td>100,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	100,000	PREFB	100,000
CLASS	AUTHORIZED						
COMA	100,000						
PREFB	100,000						
4.) STATE OR COUNTRY OF INCORPORATION: FL							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3300 N. UNIVERSITY
SUITE 500

CITY/ST/ZIP: CORAL SPRINGS, FL 33065

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROGER J. BLOSS TITLE: CEO & PRESIDENT ADDRESS: 3300 N. UNIVERSITY DRIVE SUITE 500 CITY/ST/ZIP/CO: CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: BERNARD T. MOYLE TITLE: CFO/COO/SEC ADDRESS: 3300 N. UNIVERSITY DRIVE SUITE 500 CITY/ST/ZIP/CO: CORAL SPRING, FL 33065	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: LOUIS FISHER TITLE: DIRECTOR ADDRESS: 3300 N. UNIVERSITY DRIVE SUITE 500 CITY/ST/ZIP/CO: CORAL SPRINGS, FL 33065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

NAME: PETER FRANZ TITLE: DIRECTOR ADDRESS: 3300 N. UNIVERSITY DRIVE SUITE 500 CITY/ST/ZIP/CO: CORAL SPRINGS, FL 33065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BERNARD T. MOYLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BERNARD T. MOYLE, CFO/COO/SEC PRINTED NAME AND CORPORATE TITLE	3/17/2014 DATE
-----------------------------------------------------------------------------	----------------------------------------------------------------------	-------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.