


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 033 ***150.00

DOCUMENT # H44451 1. Entity Name PIRATE'S ISLAND OF PANAMA CITY, INC.	
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Principal Place of Business 9518 FRONT BCH. RD. PANAMA CITY BCH., FL 29597 US	Mailing Address 813 2ND AVE. NORTH P O BOX 785 N MYRTLE BCH., SC 29597
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50023618

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1064 SEAMOUNTAIN HWY Suite, Apt. #, etc. P O Box 3409
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02092005 Chg-P CR2E034 (10/03)

City & State Zip	City & State N MYRTLE BEACH, SC 29582	Country	Country
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4. FEI Number 59-2505876	Applied For Not Applicable
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6. Name and Address of Current Registered Agent LEE, SCOTT W. 241 E. RUBY AVE. SUITE D KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent Name LEE, SCOTT W. Street Address (P.O. Box Number is Not Acceptable) 2261 MAINSAIL COVE City KISSIMMEE FL Zip Code 34746	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	RECEIVED SECRETARY OF STATE MAR 10 2005
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITTO, KENNITH A. 104 LONG FELLOW RD. SADBURY, MA <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 LEE, SCOTT RT 5 BOX 152 FT MYERS BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, SCOTT 2261 MAINSAIL COVE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMATTIO, DEAN 141 N GATE ROAD MYRTLE BCH, SC <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	V MERRELL, THOMAS A. JR. 104 HOLLY LANE N MYRTLE BCH, SC <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	<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	<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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Dean De Mattio Treasurer 3/3/05 843-272-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #