


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H44451</b>	
1. Entity Name PIRATE'S ISLAND OF PANAMA CITY, INC.	

Principal Place of Business 9518 FRONT BCH. RD. PANAMA CITY BCH., FL 29597 US	Mailing Address 1064 SEA MOUNTAIN HWY PO BOX 3409 NORTH MYRTLE BEACH, SC 29582
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02162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2505876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEE, SCOTT W. 2261 MAINSAIL COVE KISSIMMEE, FL 34746
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

UNDP010462323  
03/21/06-80032-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZITTO, KENNITH A. 104 LONG FELLOW RD. SADBURY, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE, SCOTT 2261 MAINSAIL COVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEMATTIO, DEAN 141 N GATE ROAD MYRTLE BCH, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERRELL, THOMAS A. JR. 104 HOLLY LANE N MYRTLE BCH, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Demattio* *Dean Demattio* 3-6-06 843-272-7369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #