

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081475

Entity Name: DIVE INTO POKER INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

5100 S.W. 112 AVENUE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

5100 S.W. 112 AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1145847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECARLO, GUSTAVE A
5100 S.W. 112 AVENUE
MIAMI, FL 33165 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DECARLOS, GUSTAVE
Address: 5700 SW 112TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: DVS () Delete
Name: WRIGHT, TRACEY
Address: 17892 N.E. 31ST CT. #3232
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: TRACEY WRIGHT

VP

06/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date