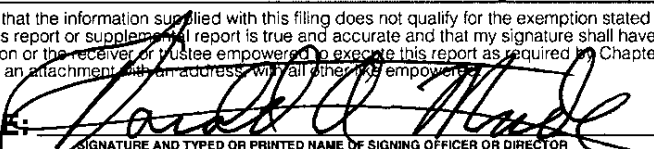


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077838 1. Entity Name SAINT PETERSBURG CITY FAIR, INC.						FILED 05 JUN 16 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P O BOX 1061 GIBSONTON, FL 33534				Mailing Address P O BOX 1061 GIBSONTON, FL 33534			
2. Principal Place of Business Suite, Apt., #, etc.				3. Mailing Address Suite, Apt., #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 41-2120185				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NYMARK, DENNIS V 110 S PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: 				Date 14 JUN Daytime Phone # 813-671-2840			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAROLD A MUDRY							