

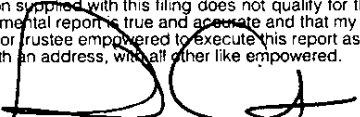


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # P99000079842</b> 1. Entity Name <b>PATRIOT RESORTS CORPORATION</b>						07 MAY 25 PM 1:17 FALL ANDERSON STATE FT LAUDERDALE, FLORIDA					
Principal Place of Business <b>3015 NORTH OCEAN BLVD., SUITE 121                  FT LAUDERDALE, FL 33308</b>				Mailing Address <b>3015 NORTH OCEAN BLVD., SUITE 121                  FT LAUDERDALE, FL 33308</b>							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			04232007    Chg-P    CR2E034 (12/06)		4. FEI Number <b>65-0950067</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent			
City & State			City & State			7. Name and Address of New Registered Agent		Name			
Zip			Country			Street Address (P.O. Box Number is Not Acceptable)		City			
City & State			City & State			State: <b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				PSD FOSTER, REBECCA A 3015 NORTH OCEAN BLVD., SUITE 121 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				VTD LANDAU, MARC J 3015 NORTH OCEAN BLVD., SUITE 121 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				V OTTINO, J.P. III 3015 NORTH OCEAN BLVD., SUITE 121 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				V OTTINO III, J.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 						Date: <b>954.5632444</b> Daytime Phone:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											