


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90170 001 ***545.00

DOCUMENT # 393369	
1. Entity Name FRENCH QUARTER RECREATION CENTER, INC.	

Principal Place of Business 408 N.W. 70 AVE. PLANTATION, FL 33317 US	Mailing Address C/O PHOENIX MGMT 4780 N STATE RD 7 STE E-250 LAUDERDALE LAKES, FL 33319 US
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66015228



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1506106		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COKER, BILL 334 NW 69TH AVE SUITE 296 PLANTATION, FL 33317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD NAME CRAWFORD, BOBBIE STREET ADDRESS 304 NW 69TH AVENUE #155 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE PD Beckman, ALAN STREET ADDRESS 326 NW 69 Ave #143 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BECKMAN, ALAN STREET ADDRESS 326 NW 69TH AVENUE #143 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE VD CRAWFORD, Bobby STREET ADDRESS 304 NW 69 Ave #155 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ODOM, WAYNE STREET ADDRESS 424 NW 70TH AVENUE #122 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE TD SMITH, Barry STREET ADDRESS 404 NW 70 Ave #218 CITY-ST-ZIP PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME COKER, BILL STREET ADDRESS 334 NW 69TH AVENUE #296 CITY-ST-ZIP PLANTATION, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NACHMAN, FRED STREET ADDRESS 330 NW 69 Ave #192 CITY-ST-ZIP PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D ODOM, WAYNE STREET ADDRESS 424 NW 70 Ave #122 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" 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 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:  **4/23/07 954-792-5394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #