2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700370

FILED Apr 19, 2007 Secretary of State

Entity Name: ISLE OF CAPRI CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12005 5TH ST. E 153 SUN ISLE CIRCLE

TREASURE ISL, FL 33706 US TREASURE ISL, FL 33706 US

Current Mailing Address: New Mailing Address:

725 - 116TH AVE 725 - 116TH AVE

SAINT PETERSBURG, FL 33706 US TREASURE ISLAND, FL 33706 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEBLANC, LYNN REITER, DOMINIQUE 12005 5TH ST.E 153 SUN ISLE CIRCLE

TREASURE ISL, FL 33706 US TREASURE ISL, FL 33706 US

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: DOMINIQUE REITER 04/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LEBLANC, LYNN
 Name:
 REITER, DOMINIQUE

 Address:
 12005 5TH ST. E
 Address:
 153 SUN ISLE CIRCLE

 City-St-Zip:
 TREASURE ISL, FL 33706
 City-St-Zip:
 TREASURE ISL, FL 33706

Title: VP () Delete Title: VP (X) Change () Addition

Name: REITER, DOMINIQUE Name: CAPASSO, RALPH
Address: 153 SUN ISLE CIRCLE Address: 237 126TH AVE

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: S () Delete Title: () Change () Addition

Name: CAPASSO, FRAN Name:

 Address:
 237- 126TH AVE
 Address:

 City-St-Zip:
 TREASURE ISLAND, FL 33706
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 DEADY, SUZANNE
 Name:

 Address:
 725 116TH AVENUE
 Address:

 City-St-Zip:
 TREASURE ISLAND, FL 33706
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIQUE REITER P 04/19/2007