

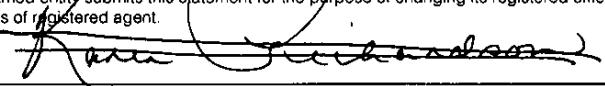
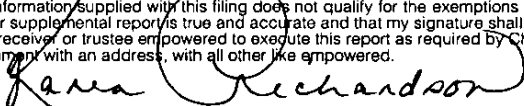


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90006 034 ****61.25

DOCUMENT # 740245 1. Entity Name MAYOKI PANZACOLA INDIANS, INC.,					
Principal Place of Business P.O. BOX 167 PENSACOLA, FL 32591-7167 US				Mailing Address P.O. BOX 167 PENSACOLA, FL 32591-7167	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 05-9266645	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MERTING, JOHN W 913 GULF BREEZE PKWY STE 39 GUL BREEZE, FL 32565				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 5-27-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, BRAD 2325 SILVERSIDES LOOP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. Rick Buddin 6268 Kirsten Dr. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHARDSON, KAREN 561 MAN-O-WAR CR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDESON, LARRY 1559 WHISPER BAY BLVD. GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clyde Busbee 2386 Reservation Rd. Gulf Breeze FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRCHGESSNER, DOUG 822 BAY CLIFFS RD. GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chad Bonner 2454 Semur Rd. PENSACOLA, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELMAN, NELSON 3044 CORAL STRIP PKWY. GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLLAND, FRAGH 1106 LAGUNA LANE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shad Klahorst 912 FAIRWAY DR. PENSACOLA FL 32507
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 617, 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 5-27-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	