

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007821

FILED
Feb 08, 2007
Secretary of State

Entity Name: FLAGSHIP RESORT DEVELOPMENT CORPORATION

Current Principal Place of Business:

60 NORTH MAINE AVE
ATLANTIC CITY, NJ 08401

New Principal Place of Business:

60 NORTH MAINE AVENUE
ATLANTIC CITY, NJ 08401

Current Mailing Address:

4252 HARBOR BEACH BLVD.
BRIGANTINE, NJ 08203

New Mailing Address:

FEI Number: 65-0431067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADY, ROBERT E ESQ
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: KAYE, BRUCE
Address: 60 NORTH MAINE AVE
City-St-Zip: ATLANTIC CITY, NJ 08401

Title: VCVP () Delete
Name: KAYE, JASON
Address: 60 NORTH MAINE AVE
City-St-Zip: ATLANTIC CITY, NJ 08401

Title: S () Delete
Name: KAYE, JASON
Address: 60 NORTH MAINE AVE
City-St-Zip: ATLANTIC CITY, NJ 08401

Title: DT () Delete
Name: VALENTI, MICHAEL
Address: 4252 HARBOR BEACH BLVD.
City-St-Zip: BRIGANTINE, NJ 08203

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: BROWN, ROSEMARIE
Address: 60 NORTH MAINE AVENUE
City-St-Zip: ATLANTIC CITY, NJ 08401

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL VALENTI

DT

02/08/2007

Electronic Signature of Signing Officer or Director

Date