

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007821

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: FLAGSHIP RESORT DEVELOPMENT CORPORATION

## Current Principal Place of Business:

60 NORTH MAINE AVENUE  
ATLANTIC CITY, NJ 08401

## New Principal Place of Business:

## 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: AS ( ) Delete  
Name: BROWN, ROSEMARIE  
Address: 60 NORTH MAINE AVENUE  
City-St-Zip: ATLANTIC CITY, NJ 08401

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

I hereby certify that the information supplied with this filing does not qualify 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: ROSEMARIE BROWN

MS.

01/24/2008

Electronic Signature of Signing Officer or Director

Date