2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2005
Secretary of State

DOCUMENT# H81393

Entity Name: CASINOS AUSTRIA MARITIME CORPORATION

Current Principal Place of Business:

980 N. FEDERAL HIGHWAY
SUITE 224
BOCA RATON, FL 33432

New Principal Place of Business:

980 N. FEDERAL HIGHWAY
SUITE 224
BOCA RATON, FL 33432 US

Current Mailing Address:

980
N. FEDERAL HIGHWAY SUITE 224
BOCA RATON, FL 33421 US

New Mailing Address:

980 N. FEDERAL HIGHWAY
SUITE 224
BOCA RATON, FL 33432 US

FEI Number: 59-2715677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUBIT ESQUIRE, DONALD
FOWLER, WHITE, BURNETT, P.A.
100 SE SECOND ST 11TH FLR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KUBIT ESQUIRE, DONALD
ESPIRITO SANTO PLAZA
1395 BRICKELL AVENUE 14TH FLOOR
MIAMI, FL 33131 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: _____ 06/21/2005

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TUCEK, ALEXANDER
Address: 980 N. FEDERAL HIGHWAY SUITE 224
City-St-Zip: BOCA RATON, FL 33432

Title: STD ( ) Delete
Name: BLOCK, ARNOLD
Address: 980 N. FEDERAL HIGHWAY SUITE 224
City-St-Zip: BOCA RATON, FL 33432

Title: VPD (X) Delete
Name: MCFADDEN, FRANK
Address: 980 N. FEDERAL HIGHWAY SUITE 224
City-St-Zip: BOCA RATON, FL 33432

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARNOLD BLOCK STD 06/21/2005

Electronic Signature of Signing Officer or Director — Date