


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 011 ***150.00

DOCUMENT # H84166	
1. Entity Name PARK PLACE INDUSTRIALS, INC.	

Principal Place of Business PARK PLACE INDUSTRIALS, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	Mailing Address PARK PLACE INDUSTRIALS, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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PARK PLACE INDUSTRIALS, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	PARK PLACE INDUSTRIALS, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761
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Zip	Country USA	Zip	Country USA
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6. Name and Address of Current Registered Agent MINIERI, CARL 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		7. Name and Address of New Registered Agent PARK PLACE INDUSTRIALS, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
		City	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINIERI, CARL 29656 US 19 NO, STE 100 CLEARWATER, FL <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	P GENTILE, MICHAEL 29656 US 19 N STE 100 CLEARWATER, FL <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	T MINIERI, CARL 29656 US 19 N STE 100 CLEARWATER, FL <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Carl Minieri VP **4/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #