


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H97539	
1. Entity Name PIRATE'S ISLAND OF KISSIMMEE, INC.	

Principal Place of Business 4330 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 32741 US	Mailing Address 7064 SEA MOUNTAIN HWY PO BOX 3409 NORTH MYRTLE BEACH, SC 29582
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2646309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, SCOTT W.
241 E. RUBY AVE.
SUITE D
KISSIMMEE, FL 32741**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000462319 03/21/06-00032-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S LEE, SCOTT 2261 MAIN SAIL COVE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMATTIO, DEAN 141 N. GATE RD. MYRTLE BCH., SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANDLER, LARRY 1406 GOLFVIEW DR. N. MYRTLE BCH., SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRELL, TOM 104 HOLLY LANE MYRTLE BEACH, SC 29572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Dean DeMattio* **3-6-06** **843-272-7369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #