
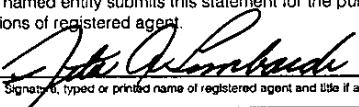
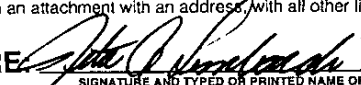


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 032 ***150.00

DOCUMENT # M82585							
1. Entity Name PARK PLACE EAST, INC.							
Principal Place of Business 13777 BELCHER RD LARGO, FL 33771			Mailing Address 13777 BELCHER RD LARGO, FL 33771				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2891060			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SOCKOL, DAVID J ESQ 111 SECOND AVE. NE PLAZA TOWER, STE 1401 SAINT PETERSBURG, FL 33701			Name LOMBARDI, RITA A.				
			Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD S.				
			City LARGO			FL	Zip Code 33771
			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 		RITA A. LOMBARDI		3/29/2005			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PIAZZA, ROSEMARY		NAME				
STREET ADDRESS	13777 BELCHER RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOMBARDI, RITA A		NAME				
STREET ADDRESS	13777 BELCHER RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PIAZZA SR, JOHN J		NAME				
STREET ADDRESS	13777 BELCHER RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP				
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LENTINI, VINCENT J		NAME				
STREET ADDRESS	13777 BELCHER RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 		RITA A. LOMBARDI		3/29/2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone 727-726-3310			