2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N01000006687

Entity Name: THE PLAYERS CLUB OF TAMPA BAY, INC.

Current Principal Place of Business:

1936 CROWN PARK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

519 MAHOGANY DR.
SEFFNER, FL 33584

Current Mailing Address:

P O BOX 355
VALRICO, FL 33595

New Mailing Address:

FEI Number: 65-0927601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHES, ROMILDO P
1936 CROWN PARK DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

SANCHES, ROMILDO P
519 MAHOGANY DR.
SEFFNER, FL 33584 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: _____ 01/30/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANCHES, ROMILDO P
Address: 1936 CROWN PARK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: SANCHES, MIRIAM T
Address: 1936 CROWN PARK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete
Name: SANCHES, GABRIELLA
Address: 1936 CROWN PARK DR
City-St-Zip: VALRICO, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANCHES, ROMILDO P
Address: 519 MAHOGANY DR.
City-St-Zip: SEFFNER, FL 33584

Title: VP (X) Change ( ) Addition
Name: SANCHES, MIRIAM T
Address: 519 MAHOGANY DR.
City-St-Zip: SEFFNER, FL 33584

Title: TD (X) Change ( ) Addition
Name: SANCHES, GABRIELLA
Address: 519 MAHOGANY DR.
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMILDO P SANCHES PD 01/30/2006
Electronic Signature of Signing Officer or Director — Date