


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 047 \*\*\*150.00

<b>DOCUMENT # P02000120678</b> 1. Entity Name MONTE CARLO AMUSEMENT CENTER, INC.	
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Principal Place of Business 5511 UNIVERSITY DR DAVIE, FL 33328	Mailing Address 4844 HIBBS GROVE CIR COOPER CITY, FL 33330
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 950 Ponce de Leon Road Apt 412 City & State Boca Raton, Florida Zip 33432 Country USA
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08312006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3728009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAYER, PAULETTE 4844 HIBBS GROVE CIR COOPER CITY, FL 33330	
7. Name and Address of New Registered Agent Name DEUTMAN, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) 950 Ponce de Leon Road Apt. 412 City BOCA RATON FL Zip Code 33432	

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: *Richard M. Deutman* DATE: September 1, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYER, PAULETTE 8000 N LAKE PARK DR DAVIE, FL 33320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTMAN, RICHARD M. 950 Ponce de Leon Road, Apt 412 Boca Raton, FL 33432 <input checked="" 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
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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: *Richard M. Deutman* DATE: September 1, 2006 DAYTIME PHONE #: 561-330-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR