2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P04000107775

Entity Name: BLUE DOLPHIN CASINO CLUB INC.

Current Principal Place of Business:

11101 MOHAWK STREET
BOCA RATON, FL 33428 US

New Principal Place of Business:

9805 ALASKA CIRCLE
BOCA RATON, FL 33434 US

Current Mailing Address:

81 FLANDERS B
DELRAY BEACH, FL 33484

New Mailing Address:

9805 ALASKA CIRCLE
BOCA RATON, FL 33434 US

FEI Number: 02-0727172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADELMAN, CLAIRE
81 FLANDERS B
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ADELMAN, CLAIRE
541 MONACO L
DELRAY BEACH, FL 33446 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: 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, STUART M
Address: 11101 MOHAWK STREET
City-St-Zip: BOCA RATON, FL 33428

Title: VST ( ) Delete
Name: ADELMAN, CLAIRE
Address: 81 FLANDERS B
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, STUART M
Address: 9805 ALASKA CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: VST (X) Change ( ) Addition
Name: ADELMAN, CLAIRE
Address: 541 MONACO L
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART M COHEN P 04/23/2009
Electronic Signature of Signing Officer or Director Date