2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138249

Entity Name: LAS VEGAS PARTNERS, INC.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2225 AVOCADO AVENUE MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 361177 MELBOURNE, FL 32936

FEI Number: 20-1713182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTSON, JOHN P
1882 QUAIL TRAIL
MELBOURNE, FL 32935 US
ROBERTSON, JOHN P
2225 AVOCADO AVENUE
MELBOURNE, FL 32935 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: JOHN P. ROBERTSON 01/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ROBERTSON, JOHN P ROBERTSON, JOHN P Name: Name: 400 PARK WAY EAST 2225 AVOCADO AVENUE Address: Address: City-St-Zip: LAS VEGAS, NV 89143 US City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 WALKER, LINDA
 Name:
 WALKER, LINDA

 Address:
 354 GREAT GUT RD
 Address:
 2225 AVOCADO AVENUE

 City-St-Zip:
 WASHINGTON, NC 27889
 City-St-Zip:
 MELBOURNE, FL 32935

Title: () Delete Title: (X) Change () Addition ROBERTSON, KIMBERLY S ROBERTSON, KIMBERLY S Name: Name: 400 PARK WAY EAST 2225 AVOCADO AVENUE Address: Address: City-St-Zip: LAS VEGAS, NV 89143 US City-St-Zip: MELBOURNE, FL 32935 US

Title: () Delete Title: (X) Change () Addition ROBERTSON, KIMBERLY S ROBERTSON, KIMBERLY S Name: Name: Address: 400 PARK WAY EAST Address: 2225 AVOCADO AVENUE City-St-Zip: City-St-Zip: LAS VEGAS, NV 89143 MELBOURNE, FL 32935

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. ROBERTSON P 01/23/2006