

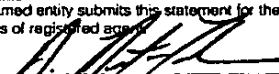
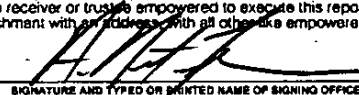


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-15-2006 90088 039 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P05000012240 1. Entity Name PINNACLE AMUSEMENTS SOUTH, INC. | | | |  | |
| Principal Place of Business 111 SECOND AVENUE N.E. SUITE 1404 ST. PETERSBURG, FL 33701 | | | Mailing Address 111 SECOND AVENUE N.E. SUITE 1404 ST. PETERSBURG, FL 33701 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | <div style="font-size: 24px; transform: rotate(-10deg);">66008881</div>  | |
| 03022006 Chg-P CR2E034 (11/05) | | | | 4. FEI Number <div style="font-size: 24px; font-family: cursive;">20-2199078</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CAMPBELL, PAMELA A.M. 111 SECOND AVENUE N.E. SUITE 1404 ST. PETERSBURG, FL 33701 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="border: 1px solid black; padding: 2px;">FL</div> Zip Code | | | | 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  DATE <div style="font-size: 24px; font-family: cursive;">3/8/06</div> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | PTD FISHER, A. BRENT 111 SECOND AVENUE N.E. SUITE 1404 ST. PETERSBURG, FL 33701 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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:  | | | | <div style="font-size: 24px; font-family: cursive;">4/3/06</div> <div style="font-size: 24px; font-family: cursive;">727/866-7887</div> | |