2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2008 8:00 am Secretary of State

DOCUMENT # P07000046549 1. Entity Name ISLAND CASINOS OF FLORIDA, INC.						04-21-2008 90057 009 ***150.00				
Principal Place of Business 1260 EAST OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33334 US		Mailing Address 1260 EAST OAXLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33334 US			66011893 HIII W III M III W II					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162008	Chg-P	CR2EC	034 (12/06)		
City & State		City & State				4. FEI Number	98-04	98118	→	plied For t Applicable
Zip Country		Zip	Country			5. Certificate of	Status Desired	□ .	\$8.75 Add	litional
<u>-</u>	6. Name and Address of Current	Registered Agent	·			7. Name and A	ddress of New	Registered.		
-				Name	·					
JARVIS, JUDITH A 1260 EAST OAKLAND PARK BLVD.			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 200 FORT LAUDERDALE, FL 33334										
				City			•	FL	Zip Code	•
	named entity submits this statement fo tions of registered agent.	the purpose of changing its	registere	ed office or	registere	d agent, or both,	in the State of F	lorida. I am	famillar with,	and accept
SIGNATURE.	Signature, typed or printed reme of registered agent a	and the if applicable. (NOT	E: Registere	d Agent signetu	re required w	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				icing	\$5.0 Added	00 May Be d to Fees				· .
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	IN 11
TIPLE	PD	Ociete	TITLE	•					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	SIMS, NICHOLAS P 1260 EAST OAKLAND PARK BL FORT LAUDERDALE, FL 33334	vo.		E Et adoress -si-zap						
TITLE - PF	VPSD	☐ Delete	TITLE						Change	Addition
NAME .	JARVIS, JUDITH A									
STREET ADDRESS CITY - ST-ZIP	1260 EAST OAKLAND PARK BL FORT LAUDERDALE, FL 33334	/D., SUITE 200		ET ADDRESS ST-ZIP						
TITLE										—
NAME	D	∑ €cists	MUE		DP DP	>- C -)	1.0		Change	☐ Addition
NAME STREET ADDRESS		•	NAME		Roel	De Gord	lan W	d-Perk	Michaeles Blvd	Addition .
	D ROEPE, GORDON W	•	NAME STREE	:	Hoer 126	PerGord	Davior	d-Perk	XC12000 G Blvd 3334	Addition .
STREET ADDRESS CITY-ST-ZIP TITLE	D ROEPE, GORDON W 1260 EAST OAKLAND PARK BL	•	NAME STREE	ET ADORESS -ST-ZIP	Hoer 126	2 Each (Davior	d-Pe-14 FL 8	Blud	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROEPE, GORDON W 1260 EAST OAKLAND PARK BL	VD.	NAME STREE CITY- TITLE HAME	ET ADORESS ST-ZIP	Hoer 126	2 Each (Davior	476-K	. Blvd 3334	
STREET ADDRESS CITY-ST-ZIP TITLE	D ROEPE, GORDON W 1260 EAST OAKLAND PARK BL	VD.	NAME STREET CITY- TITLE MAME STREET	ET ADORESS -ST-ZIP	Hoer 126	2 Each (Davior	dærk Flg	. Blvd 3334	
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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: THE THEO OF PRINTED HAME OF BOUND OFFICER OFFI