

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23299

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: DIAMONDHEAD CASINO CORPORATION

## Current Principal Place of Business:

150 153RD AVE  
STE 200  
MADEIRA BCH, FL 33708 US

## Current Mailing Address:

150 153RD AVE  
STE 200  
MADEIRA BCH, FL 33708 US

## New Principal Place of Business:

150 153RD AVE  
STE 202  
MADEIRA BCH, FL 33708 US

## New Mailing Address:

150 153RD AVE  
STE 202  
MADEIRA BCH, FL 33708 US

FEI Number: 59-2935476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VITALE, DEBORAH A  
150-153RD AVE  
STE 200  
MADEIRA BCH, FL 33708 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARRISON, GREGORY A  
Address: 16209 KIMBERLY GROVE  
City-St-Zip: GAITHERSBURG, MD 20878

Title: P ( ) Delete  
Name: VITALE, DEBORAH A.  
Address: 150 153RD AVE, STE 200  
City-St-Zip: MADEIRA BCH, FL

Title: D ( ) Delete  
Name: WILLIAMS, JR., FRANK E  
Address: 27893 HARTLAND RD.  
City-St-Zip: FALLS CHURCH, VA 22043

Title: D ( ) Delete  
Name: BENJAMIN, HARRELL  
Address: 237 N. PETERS ST. 4TH FLOOR  
City-St-Zip: NEW ORLEANS, LA 70130

Title: FO (X) Delete  
Name: LIMMERMAN, ROBERT  
Address: 700 STARKEY RD  
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete  
Name: NORTON, N. STEVEN  
Address: 700 ROZIER ST.  
City-St-Zip: ALTON, IL 62002

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: HARRISON, GREGORY A  
Address: 16209 KIMBERLY GROVE  
City-St-Zip: GAITHERSBURG, MD 20878

Title: CP (X) Change ( ) Addition  
Name: VITALE, DEBORAH A.  
Address: 150 153RD AVE, STE 200  
City-St-Zip: MADEIRA BCH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBORAH A. VITALE

CP

03/17/2004

Electronic Signature of Signing Officer or Director

Date