


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90185 038 \*\*\*150.00

<b>DOCUMENT # P23299</b> 1. Entity Name <b>DIAMONDHEAD CASINO CORPORATION</b>					
Principal Place of Business <b>150 153RD AVE</b> <b>STE 202</b> <b>MADEIRA BCH, FL 33708 US</b>			Mailing Address <b>150 153RD AVE</b> <b>STE 202</b> <b>MADEIRA BCH, FL 33708 US</b>		
2. Principal Place of Business <b>150 153RD AVE</b> Suite, Apt. #, etc. <b>STE 201</b>			3. Mailing Address <b>150 153RD AVE</b> Suite, Apt. #, etc. <b>STE 201</b>		
City & State <b>MADEIRA BCH, FL</b>		City & State <b>MADEIRA BCH, FL</b>		4. FEI Number <b>59-2935476</b>	
Zip <b>33708</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VITALE, DEBORAH A</b> <b>150-153RD AVE</b> <b>STE 200</b> <b>MADEIRA BCH, FL 33708</b>				7. Name and Address of New Registered Agent Name <b>VITALE DEBORAH A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 153RD AVE</b> <b>STE 201</b> City <b>MADEIRA BCH</b> <b>FL</b> Zip Code <b>33708</b>	
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 <u>DEBORAH A. VITALE</u> <i>Deborah Vitale</i> DATE <u>4-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete <b>HARRISON, GREGORY A</b> <b>16209 KIMBERLY GROVE</b> <b>GAITHERSBURG, MD 20878</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VITALE, DEBORAH A.</b> <b>150 153RD AVE, STE 201</b> <b>MADEIRA BCH, FL 33708</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input checked="" type="checkbox"/> Delete <b>VITALE, DEBORAH A.</b> <b>150 153RD AVE, STE 200</b> <b>MADEIRA BCH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ARNOLD SUSSMANN</b> <b>6912 CARMICHAEL AVE</b> <b>BETHESDA, MD 20817</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILLIAMS, JR., FRANK E</b> <b>27893 HARTLAND RD.</b> <b>FALLS CHURCH, VA 22043</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BENJAMIN, HARRELL</b> <b>237 N. PETERS ST. 4TH FLOOR</b> <b>NEW ORLEANS, LA 70130</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>NORTON, N. STEVEN</b> <b>700 ROZIER ST.</b> <b>ALTON, IL 62002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Deborah Vitale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-6-05</u> Daytime Phone # <u>787-510-1412</u>		

50036213



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