

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23299

FILED
Apr 27, 2007
Secretary of State

Entity Name: DIAMONDHEAD CASINO CORPORATION

Current Principal Place of Business:

150 153RD AVE
SUITE 201
MADEIRA BCH, FL 33708 US

Current Mailing Address:

150 153RD AVE
SUITE 201
MADEIRA BCH, FL 33708 US

New Principal Place of Business:

1301 SEMINOLE BLVD.
SUITE 142
LARGO, FL 33770 US

New Mailing Address:

1301 SEMINOLE BLVD.
SUITE 142
LARGO, FL 33770 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
SUITE 201
MADEIRA BCH, FL 33708 US

Name and Address of New Registered Agent:

VITALE, DEBORAH A
1301 SEMINOLE BLVD.
SUITE 142
LARGO, FL 33770 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: DEBORAH A. VITALE

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CP () Delete
Name: VITALE, DEBORAH A.
Address: 150 153RD AVENUE, SUITE 201
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: D () Delete
Name: NORTON, N. STEVEN
Address: 700 ROZIER ST.
City-St-Zip: ALTON, IL 62002

Title: D () Delete
Name: STEVENS, CARL D
Address: 1753 HWY 42 SOUTH
City-St-Zip: FORSYTH, GA 31029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CP (X) Change () Addition
Name: VITALE, DEBORAH A
Address: 1301 SEMINOLE BLVD., STE 142
City-St-Zip: LARGO, FL 33770

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 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: DEBORAH A. VITALE

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date