

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23299

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: DIAMONDHEAD CASINO CORPORATION

**Current Principal Place of Business:**

1301 SEMINOLE BLVD.  
SUITE 142  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SEMINOLE BLVD.  
SUITE 142  
LARGO, FL 33770 US

**New Mailing Address:**

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  
1301 SEMINOLE BLVD.  
SUITE 142  
LARGO, FL 33770 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: DV ( ) Delete  
Name: HARRISON, GREGORY A  
Address: 16209 KIMBERLY GROVE  
City-St-Zip: GAITHERSBURG, MD 20878

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

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: ( ) 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:

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: /S/ DEBORAH A. VITALE

Electronic Signature of Signing Officer or Director

PRES

04/24/2008

\_\_\_\_\_ Date