2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004351

Entity Name: GARY PLAYER GROUP, INC.

FILED May 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11390 NORTH ROAD 11390 NORTH JOG ROAD

STE. 100 STE. 100

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

11390 NORTH ROAD 11390 NORTH JOG ROAD

STE. 100 STE. 100

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0466152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLAYER, MAUL B PLAYER, MARC B

11590 NORTH JOG ROAD 11390 NORTH JOG ROAD

PALM BEACH GARDENS, FL 33419 US PALM BEACH GARDENS, FL 33418 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: JIM POKORNY 05/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED () Delete Title: PED (X) Change () Addition

Name: PLAYER, MARC B Name: PLAYER, MARC B

 Address:
 11390 NORTH JOE ROAD STE. 100
 Address:
 11390 NORTH JOG ROAD STE. 100

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:
 PALM BEACH GARDENS, FL 33418

Name: FERRELL, SCOTT Name: FERRELL, SCOTT

Address: 11390 NORTH JOE ROAD STE. 100 Address: 11390 NORTH JOG ROAD STE. 100 City-St-Zip: PALM BEACH GARDENS, FL 334189 City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DEIRDRE SMITH, FINANCIAL CONTROLLER MRS 05/13/2009