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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000004970

1. Entity Name
FIRST AMERICAN CASINOS, INC.

Principal Place of Business	Mailing Address
875 CONCOURSE PKWY S SUITE 150 MAITLAND, FL 32751	P O BOX 4961 ORLANDO, FL 32802-4961

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	875 Concourse Pkwy S
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 150
City & State	City & State Maitland, FL
Zip / Country	Zip 32751 / Country US

4. FEI Number 59-3300880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
390 N ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Thomas R Burns
Street Address (P.O. Box Number is Not Acceptable) 875 Concourse Pkwy, S
Suite 150
City Maitland FL Zip Code 32751

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 Thomas R. Burns, Corp Counsel 3-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GINSBURG, ALAN H 1551 SANDSPUR RD MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054234728 05/10/05--01094--015 **100.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________ Date 407/741-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ALAN H. GINSBURG, PRES. Daytime Phone #