

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028157

FILED
Apr 20, 2007
Secretary of State

Entity Name: TROPICANA RESORT MOTELS, INC.

Current Principal Place of Business:

300 HAMDEN DRIVE
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

300 HAMDEN DRIVE
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3237972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTI, JOHN
103 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786 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: PD () Delete
Name: CONTI, JOHN
Address: 103 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: SD () Delete
Name: CONTI, IVA
Address: 103 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN CONTI

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date