2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048989

Entity Name: PARK PLACE PLAZA, INC.

FILED Apr 17, 2009 Secretary of State

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

140 W MONROE ST

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2426

ORANGE PARK, FL 32067 US

FEI Number: 59-3363849 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:

MUYRES, DAVID 2412 STOCKTON DR GREEN COVE SPRINGS, FL 32043 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.

III lile State of Flori

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GAUDRY, CHARLES L JR
 Name:
 GAUDRY, CHARLES L JR

 Address:
 4419 HARBOUR ISLAND DRIVE
 Address:
 1886 SEMINOLE RD

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 ATLANTIC BEACH, FL 32233

Title: DV () Delete Title: () Change () Addition

 Name:
 VAN WINKEL, ROBERT
 Name:

 Address:
 13074 AUTUMN RIVER ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Intle:
 P
 () Delete
 Intle:

 Name:
 MUYRES, DAVID J
 Name:

 Address:
 2412 STOCKTON DR
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 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: DAVID MUYRES P 04/17/2009