2006 FOR PROFIT CORPORATION

Apr 05, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P95000069935 04-05-2006 90277 001 *1,950.00 PARK PLACE OF MANDARIN, INC. Principal Place of Business Mailing Address 13777 BELCHER RD 13777 BELCHER RD LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3334308 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Lombardi, Rita A</u> YOUNG, JOHN T Street Address (P.O. Box Number is Not Acceptable) 13777 Belcher Road S. 13777 BELCHER RD S LARGO, FL 33771 City Largo Zip Code 33771 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Rita A. Lombardi <u>3/24/</u>06 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE X Delete TITLE Change X Addition YOUNG, JOHN T NAME NAME Lombardi, Rita A. STREET ADDRESS 13777 BELCHER RD S STREET ADDRESS 13777 Belcher Road S. CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP Largo, FL 33771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Rita A. I Rita A. Lombardi

3/24/06

727-726-3310

FILED