

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086959

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRADERS RESORT 1997, INC.

Current Principal Place of Business:

ONE S. OCEAN BLVD STE 204
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH OCEAN BLVD
SUITE 204
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0800125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EISINGER, DENNIS J
4000 HOLLYWOOD BOULEVARD
SUITE 265-S
HOLLYWOOD, FL 33021 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: D () Delete
Name: ROY, JEAN F
Address: ONE SOUTH OCEAN BLVD SUITE 204
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MARTIN, PIERRE
Address: ONE SOUTH OCEAN BLVD SUITE 204
City-St-Zip: BOCA RATON, FL 33432

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 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 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: JEAN FRANCOIS ROY

PSD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date