

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 1. Entity Name	0086000057647
CASINO CONTINENTAL INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9759 BEAUCLERC TERRACE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32257	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-3534757	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name VIRGINIA L RODGERS	
Street Address (P.O. Box Number is Not Acceptable) 9759 BEAUCLERC TER	
City JACKSONVILLE	Zip Code FL 32257

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 <i>Virginia L. Rodgers</i>	VIRGINIA L RODGERS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIRGINIA L RODGERS 9759 BEAUCLERC TERRACE JACKSONVILLE FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000544524 05/11/06-00039-025 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia L. Rodgers* **VIRGINIA L RODGERS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #