


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90031 004 ***150.00


DOCUMENT # P99000092303	
1. Entity Name EMERALD COAST BINGO, INC.	

Principal Place of Business 7924 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408	Mailing Address 7924 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-3605545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUCKLAND, SANDRA 7924 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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	
TITLE VP	<input type="checkbox"/> Delete
NAME BUCKLAND, KENNETH J	
STREET ADDRESS 1633 HOPE CIR.	
CITY-ST-ZIP PANAMA CITY BEACH FL 32407	
TITLE P	<input type="checkbox"/> Delete
NAME BUCKLAND, SANDRA J	
STREET ADDRESS 103 SUMMER BREEZE ROAD	
CITY-ST-ZIP PANAMA CITY BEACH FL 32413	
TITLE T	<input type="checkbox"/> Delete
NAME WORLEY, JACKIE	
STREET ADDRESS PO BOX 18678	
CITY-ST-ZIP PANAMA CITY FL 32417	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kenneth J. Buckland	
STREET ADDRESS 1633 Hope Circle	
CITY-ST-ZIP Panama City Beach FL 32407	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sandra J. Buckland	
STREET ADDRESS 103 Summer Breeze Rd	
CITY-ST-ZIP Panama City Beach FL 32413	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra J. Buckland **1-31-05** **850-233-7679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #