


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 573251 1. Entity Name CASINO GAMBLING, INC.			
Principal Place of Business 2801 N.E. 183RD ST. STE. 2202 N. MIAMI BCH FL 33160 US		Mailing Address 2801 N.E. 183 ST #2202 NORTH MIAMI BEACH FL 33160 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
		4. FEI Number 59-1942481	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHMAN, LOWELL 2801 N.E. 183 ST, #2202 NORTH MIAMI BEACH FL 33160		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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	RICHMAN, LOWELL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	2801 N.E. 183 ST	STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	



1st MOORE CR2E034 (10/06)

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02/16/07-80004-013 150.00

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

SIGNATURE: *Lowell Richman* *President* *Lowell Richman 2-5-7* *(305) 933-393*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #