2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000025655 1. Entity Name CHIPS CASINO SOFTWARE, INCORPORATED					Secretary of State
Principal Plac 475 PICASSO NOKOMIS, FL	DR.	failing Address P.O. BOX 1507 NOKOMIS, FL 34274-1507			
DO NOT WRITE IN THIS SPACE			CE	01132004 4. FEI Numbi 65-099	
MCCALL, ANNE H 475 PICASSO DR. NOKOMIS, FL 34275			DO NOT WRITE IN THIS SPACE		
3. 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 Signature, typed or printed name of registered agent and tills if applicable. (NOTE flagistered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	U00000115305 04/16/04-80019-010 150.00
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	OFFICERS AND DIRE PTD MCCALL, ANNE H P.O. BOX 1507 NOKOMIS, FL 342741507	CTORS			
NAME STREET ADDRESS CITY-SI-ZIP	·				NOT WRITE THIS SPACE
HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	***				
title name street address city-st-zip	ertify that the information sumplied with this	filling does not qualify for the eve	motion stated in S	action 119 07/3	To Stantiles I fruther certify that the information
12. I hereby certify that the information supplied with this filling 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 life empowered.					

TAME OF SIGNING OFFICER OR DIRECTOR