

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047147

Entity Name: GREYBEARD GAMES, INC.

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

3520 SEAFORD LN
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

5703 RED BUG LAKE RD
#157
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 26-2583997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLOUGH, WILLIAM A
3520 SEAFORD LN
CASSELBERRY, FL 32707 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: P,T () Delete
Name: BLOUGH, WILLIAM A
Address: 3520 SEAFORD LN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP () Delete
Name: TOMLINSON, DANIEL E JR
Address: 5733 KINGSGATE DRIVE, APT A
City-St-Zip: ORLANDO, FL 32839 US

Title: VP () Delete
Name: SMITH, STEVEN D
Address: 10714 RAMBLEWOOD RD
City-St-Zip: ORLANDO, FL 32837 US

Title: VP,S () Delete
Name: KLEM, DOUGLAS E
Address: 8446 ANSON WAY
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: WILLIAM BLOUGH

_____ Electronic Signature of Signing Officer or Director

P

04/05/2009

_____ Date