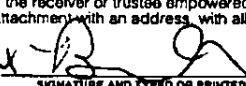


FILED
Jun 12, 2007 8:00 am
Secretary of State

04-26-2007 90180 021 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000073195			
1. Entity Name XILED GAMING COMPANY			
Principal Place of Business 7540 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655		Mailing Address 7540 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-1159347		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELVER, BENJAMIN D 7540 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655		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 _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-appointing)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
D President KELVER, BENJAMIN D 7540 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655			
Delete ☐		Change ☐ Addition ☐	
Vice President Aaron Daniel Wade 455 Alternate 19 South Palm Harbor FL 34683			
Delete ☐		Change ☐ Addition ☐	
Secretary Christopher Craig Cook 29639 Birds Eye Dr. Wesley Chapel, FL 33543			
Delete ☐		Change ☐ Addition ☐	
Treasurer James Blake Nordstrom 123 North Ozark Ave. Joplin, Mo. 64801			
Delete ☐		Change ☐ Addition ☐	
Board Member Michael Joseph Acond 1302 Highlands Ave New Castle, PA 16105			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/23/07 4727-639-7768	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	