2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P06000073195

Entity Name: XILED GAMING COMPANY

Current Principal Place of Business:

7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 86-1159347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELVER, BENJAMIN D
7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP
Name: KELVER, BENJAMIN D
Address: 7540 WIMPOLE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP
Name: WADE, AARON D
Address: 455 ALTERNATE 19 S
City-St-Zip: PALM HARBOR, FL 34683

Title: T
Name: NORDSTROM, JAMES B
Address: 1825 N EAST ST.
City-St-Zip: WEBB CITY, MO 64870

Title: S
Name: ACCORD, MICHAEL J
Address: 34943 MEADOW REACH DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: M
Name: GOODEN, JAMES P
Address: P.O. BOX 605
City-St-Zip: CLEARFIELD, UT 84089

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN D KELVER DP 05/03/2010

Electronic Signature of Signing Officer or Director Date