

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073195

**Entity Name:** XILED GAMING COMPANY

**Current Principal Place of Business:**

7540 WIMPOLE DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

7540 WIMPOLE DRIVE  
NEW PORT RICHEY, FL 34655

**FEI Number:** 86-1159347

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

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

Title S  
Name ACCORD, MICHAEL J  
Address 7125 HATPIN LOOP  
City-State-Zip: WESLEY CHAPEL FL 33545

Title M  
Name GOODEN, JAMES P  
Address 1841 W 5050 S  
City-State-Zip: ROY UT 84067

*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:** KELVER , BENJAMIN , D

DP

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date