

2016 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: BENJAMIN D KELVER**DP****04/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date