


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90201 012 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                              |                                                       |                                                                                          |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # 480571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                              |                                                       |         |                                   |
| 1. Entity Name<br>ENTERTAINMENT DEVICES OF FLORIDA, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                              |                                                       |                                                                                          |                                   |
| Principal Place of Business<br>4936 10TH AVE NORTH<br>LAKE WORTH, FL 33463 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Mailing Address<br>4936 10TH AVE NORTH<br>LAKE WORTH, FL 33463 US                                            |                                                       |                                                                                          |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 3. Mailing Address                                                                                           |                                                       |                                                                                          |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Suite, Apt. #, etc.                                                                                          |                                                       |                                                                                          |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | City & State                                                                                                 |                                                       |                                                                                          |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                  | Zip                                                                                                          | Country                                               | 4. FEI Number<br>59-1619142                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                              |                                                       | Applied For<br>Not Applicable                                                            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                              |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                              | 7. Name and Address of New Registered Agent           |                                                                                          |                                   |
| STEIN, MARVIN<br>12675 VIA LUCIA<br>BOYNTON BEACH, FL 33436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                              | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                              |                                                       |                                                                                          |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                       |                                                                                          |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T                        | <input type="checkbox"/> Delete                                                                              | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HOUSEPIAN, ELIZABETH     |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 575 GRANT AVENUE         |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W COLLINGSWOOD, NJ       |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P                        | <input type="checkbox"/> Delete                                                                              | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STEIN, MARVIN            |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12675 VIA LUCIA          |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BOYNTON BEACH, FL 33436  |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T                        | <input checked="" type="checkbox"/> Delete                                                                   | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ADAIR, WILLIAM F., JR    |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3674 SPRING WILLOW COURT |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAS VEGAS, NV            |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | V                        | <input type="checkbox"/> Delete                                                                              | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ADAIR, DIANA             |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3674 SPRING WILLOW COURT |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAS VEGAS, NV            |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S                        | <input type="checkbox"/> Delete                                                                              | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ESHAM, G. JESSE          |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6274 WAUCONDA WAY WEST   |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAKE WORTH, FL           |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | <input type="checkbox"/> Delete                                                                              | TITLE                                                 | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                              | NAME                                                  |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                              | STREET ADDRESS                                        |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                              | CITY-ST-ZIP                                           |                                                                                          |                                   |
| 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 fee empowered. |                          |                                                                                                              |                                                       |                                                                                          |                                   |
| SIGNATURE: <i>Marvin Stein</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                              | Date: 1/10/06 561-969-3686                            |                                                                                          |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                              | <small>Daytime Phone #</small>                        |                                                                                          |                                   |