2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# 560548

Entity Name: SKATE AND GAMES, INC.

Current Principal Place of Business:

12219 S. ISTACHATTA RD
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

12219 S ISTACHATTA RD
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-1832017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, PAMELA
12219 S ISTACHATTA RD
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

MORRIS, H.EUGENE
12219 S ISTACHATTA RD
FLORAL CITY, FL 34436 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: H.EUGENE MORRIS 01/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORRIS, H. EUGENE,
Address: 12219 S ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: MORRIS, PAMELA,
Address: 12219 S ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: SEC ( ) Delete
Name: MORRIS, PAMELA,
Address: 12219 S.ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: TRES ( ) Delete
Name: MORRIS, H. EUGENE,
Address: 12219 S. ISTACHATTA RD.
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MORRIS, H.EUGENE,
Address: 12219 S ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: SEC (X) Change ( ) Addition
Name: MORRIS, H.EUGENE,
Address: 12219 S.ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: H.EUGENE MORRIS P 01/20/2007
Electronic Signature of Signing Officer or Director Date