2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# F00000005024

Entity Name: BINGO PRESS & SPECIALTY LIMITED, INC.

Current Principal Place of Business:

301 LOUTH ST
LEGAL DEPT
ST CATHERINE, CN L2S- V6 CN

New Principal Place of Business:

301 LOUTH ST
LEGAL DEPT
ST CATHARINES, ONTARIO, XX L2S 3V6 CN

Current Mailing Address:

301 LOUTH ST
LEGAL DEPT
ST CATHERINE, CN L2S- V6 CN

New Mailing Address:

301 LOUTH ST
LEGAL DEPT
ST CATHARINES, ONTARIO, XX L2S 3V6 CN

FEI Number: 98-0341997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LISTER, ROY L
Address: 301 LOUTH STREET
City-St-Zip: ST CATHERINE, ON L2S- V6

Title: DVS ( ) Delete
Name: RYE, DOUGLAS W
Address: 301 LOUTH STREET
City-St-Zip: ST CATHERINES, ONTARIO,

Title: V ( ) Delete
Name: MCNEILL, ROBERT P
Address: 301 LOUTH STREET
City-St-Zip: ST CATHERINES, ONTARIO,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LISTER, ROY L
Address: 301 LOUTH STREET
City-St-Zip: ST CATHARINES, ONTARIO, XX L2S 3V6 CN

Title: DVS (X) Change ( ) Addition
Name: RYE, DOUGLAS W
Address: 301 LOUTH STREET
City-St-Zip: ST CATHARINES, ONTARIO, XX L2S 3V6 CN

Title: V (X) Change ( ) Addition
Name: MCNEILL, ROBERT P
Address: 301 LOUTH STREET
City-St-Zip: ST CATHARINES, ONTARIO, XX L2S 3V6 CN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS W RYE DVS 03/30/2005

Electronic Signature of Signing Officer or Director Date