


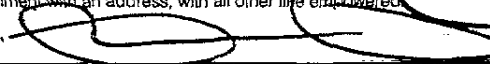


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000000476</b>		
1. Entity Name IGT CORPORATE SERVICES, INC.		
Principal Place of Business 600 NE 36TH ST, UNIT C1 MIAMI, FL 33137		Mailing Address 600 NE 36TH ST, UNIT C1 MIAMI, FL 33137
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01042006 No Chg-P CRZE034 (11/05)
		4. FEI Number 01-0596493 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 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		
TITLE	CP	 U00000382261 01/24/06-80074-019 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
NAME	ROTH, ROBERT	
STREET ADDRESS	600 NE 36TH ST, UNIT C1	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE	VP	
NAME	MECHANIC, MARK	
STREET ADDRESS	600 NE 36TH ST, UNIT C1	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE	P	
NAME	ROTH, RICHARD	
STREET ADDRESS	600 NE 36ST, UNIT C1	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 life empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		