
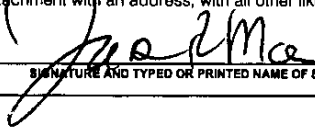


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000003891</b>		
1. Entity Name GAMING LABORATORIES INTERNATIONAL, INC.		
Principal Place of Business 600 AIRPORT ROAD LAKEWOOD, NJ 08701		Mailing Address 600 AIRPORT ROAD LAKEWOOD, NJ 08701
<b>DO NOT WRITE IN THIS SPACE</b>		
		01082007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>22-2986222</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
ROMANIK, DAVID S BECKER & POLIAKOFF, PA 3111 STIRLING RD FT LAUDERDALE, FL 33312		<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, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U000000661036 03/20/07-80026-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MAIDA, JAMES R 14 INDEPENDENCE WAY TITUSVILLE, NJ 08560	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCST MAGNO, PAUL J 90 DICKMAN DRIVE LAVALLETTE, NJ 08735	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAGNO, PAUL J 90 DICKMAN DRIVE LAVALLETTE, NJ 08735	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 like empowered.		
SIGNATURE:  James R. Maida 3/5/07 (732) 942-3999		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		