

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003891

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** GAMING LABORATORIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

600 AIRPORT ROAD  
LAKEWOOD, NJ 08701

**New Principal Place of Business:**

**Current Mailing Address:**

600 AIRPORT ROAD  
LAKEWOOD, NJ 08701

**New Mailing Address:**

**FEI Number:** 22-2986222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROMANIK, DAVID S  
215 SOUTH MONORE STREET  
SECOND FLOOR  
TALLAHASSEE, FL 32301 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: CD ( ) Delete  
Name: MAIDA, JAMES R  
Address: 14 INDEPENDENCE WAY  
City-St-Zip: TITUSVILLE, NJ 08560

Title: VCST ( ) Delete  
Name: MAGNO, PAUL J  
Address: 90 DICKMAN DRIVE  
City-St-Zip: LAVALLETTE, NJ 08735

Title: VP ( ) Delete  
Name: MAGNO, PAUL J  
Address: 90 DICKMAN DRIVE  
City-St-Zip: LAVALLETTE, NJ 08735

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON THORP

ACCT

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date