

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 08:00 A
Secretary of State

DOCUMENT # F93000004868

1. Entity Name
**PROGRESSIVE GAMING INTERNATIONAL
CORPORATION**



Principal Place of Business

**920 PILOT RD
LAS VEGAS, NV 89119 US**

Mailing Address

**P.O. BOX 98686
LAS VEGAS, NV 89193-8686 US**



06212007 No Chg-P CR2E034 (11/05)

4. FEI Number
88-0218876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BOYNTON, PETER G
STREET ADDRESS	215 S MEDDOW RD
CITY-ST-ZIP	GLENBROOK, NV 89413
TITLE	D
NAME	SMITH, RICK
STREET ADDRESS	730 SHARON AVE
CITY-ST-ZIP	HILLSBOROUGH, CA 94010
TITLE	D
NAME	OLIVER, TERRANCE
STREET ADDRESS	1550 DEL MONTE DR
CITY-ST-ZIP	RENO, NV 89511
TITLE	V
NAME	PARENTE, ROBERT
STREET ADDRESS	2240 VILLEFORT COURT
CITY-ST-ZIP	LAS VEGAS, NV 89117
TITLE	V
NAME	ZIEMS, ROBERT
STREET ADDRESS	8548 GOLD FLASH AVE
CITY-ST-ZIP	LAS VEGAS, NV 89129
TITLE	PCEO
NAME	MCMEEKIN, RUSSEL
STREET ADDRESS	2857 TURTLE HEAD PEAK DRIVE
CITY-ST-ZIP	LAS VEGAS, NV 89135

**DO NOT WRITE
IN THIS SPACE**

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06/29/07-80001-001 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6/27/07