


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081649 1. Entity Name VIDEO GAME DUNGEON, LLC	
---	---

Principal Place of Business 26 MAGNOLIA COURT ORMOND BEACH, FL 32174 US	Mailing Address 26 MAGNOLIA COURT ORMOND BEACH, FL 32174 US
---	---

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1858831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOLERJACK, DANIEL J 42 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

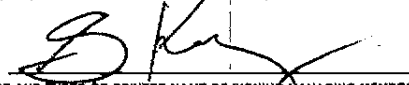
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KEELEY, GREG 31 WINDING CREEK WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KEELEY, TERRENCE 31 WINDING CREEK WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KEELEY, MARY 31 WINDING CREEK WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		

U00000550833
05/13/06-80079-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4-25-06 386-299-8638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #