


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M15398**  
 1. Entity Name  
 HOME USE PINBALL MACHINES, INC.



Principal Place of Business 1750 LATHAM RD BAY 5 WEST PALM BEACH, FL 33409	Mailing Address 1750 LATHAM RD BAY 5 WEST PALM BEACH, FL 33409
---	---

**DO NOT WRITE IN THIS SPACE**



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2545005	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  
 STAB, MARGARET K.  
 1750 LATHM ROAD BAY #5  
 WEST PALM BEACH, FL 33409

**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 *Margaret K. Stab* (NOTE: Registered Agent signature required when reinstating) DATE 4-24-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1100000537525  
 05/09/06-80021-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAB, MARGARET K. 310 N.W. 8TH CT BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAB, FREDERICK J. 310 N.W. 8TH CT BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Margaret K. Stab* (NOTE: Signature and typed or printed name of signing officer or director) DATE 4-24-06 Daytime Phone # \_\_\_\_\_