2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N07000007027

Entity Name: SOLGAMESUSA FOUNDATION, INC.

Current Principal Place of Business:

4619 TINSLEY DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4619 TINSLEY DRIVE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOY, JOSEPH M
4619 TINSLEY DRIVE
ORLANDO, FL 32839 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COTTEN, WHIT
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete
Name: RIZZO, JOSEPH
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: S ( ) Delete
Name: WEST, WADE
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEST, WADE
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

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

Title: S (X) Change ( ) Addition
Name: WILSON, CARLETTA
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: BM ( ) Change (X) Addition
Name: ARMSTRONG, MIKE
Address: 4619 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE WEST P 01/08/2008
Electronic Signature of Signing Officer or Director — Date