


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90056 030 \*\*\*558.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # P00000066829</b> |  |
| 1. Entity Name<br>3DFX, INC.   |   |

|   |   |
|---|---|
| Principal Place of Business<br>841 DRIVE BUICK AVE<br>ORLANDO, FL 32808 | Mailing Address<br>841 DRIVE BUICK AVE<br>ORLANDO, FL 32808 |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>279 N. Texas Ave. | 3. Mailing Address<br>279 N Texas Ave. |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                    |

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Orlando, FL | City & State<br>Orlando, FL |
| Zip<br>32805                | Zip<br>32805                |
| Country<br>Orange           | Country<br>Orange           |

40124571



07102007 Chg-P CR2E034 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3656448 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent<br><br>LAMM, MARK S<br>841 DRIVE BUICK AVE<br>ORLANDO, FL 32808 |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
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|---|--------------|
| 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 _____   | DATE 7-10-07 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |              |

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|--|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LAMM, MARK<br>2225 HOWARD DRIVE<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Lamm, Mark<br>9125 Summit Centre Way #207<br>Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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|--|---------------------------|
| 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: _____   | DATE 7-10-07 407-237-6249 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                           |