


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     |                                                                                                                    |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000112706</b><br>1. Entity Name<br><b>BINGO EMPORIUM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     |                                                                                                                    |                |  |
| Principal Place of Business<br><b>8441 S. US HWY ONE<br/>PORT SAINT LUCIE, FL 34952</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                     | Mailing Address<br><b>8441 S. US HWY ONE<br/>PORT SAINT LUCIE, FL 34952</b>                                        |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 3. Mailing Address  |                                                                                                                    |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suite, Apt. #, etc. |                                                                                                                    |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | City & State        |                                                                                                                    | 4. FEI Number<br><b>65-1060014</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Country             |                                                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     |                                                                                                                    | 7. Name and Address of New Registered Agent                                                     |  |
| <b>FARRELL, RICKEY L ESQ<br/>1595 SE PORT ST LUCIE BLVD<br/>PORT ST LUCIE, FL 34952</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                     |                                                                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     |                                                                                                                    | <b>FL</b> Zip Code                                                                              |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     |                                                                                                                    |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                     | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |                     | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HARPER, CINDY</b>              |                     | NAME                                                                                                               |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8441 S. US HWY ONE</b>         |                     | STREET ADDRESS                                                                                                     |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>PORT STLUCIE, FL 34952</b>     |                     | CITY-ST-ZIP                                                                                                        | <b>000000262846<br/>03/14/05-80072-011 150.00</b>                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                               |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                     |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                     | CITY-ST-ZIP                                                                                                        |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                               |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                     |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                     | CITY-ST-ZIP                                                                                                        |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                               |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                     |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                     | CITY-ST-ZIP                                                                                                        |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                               |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                     |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                     | CITY-ST-ZIP                                                                                                        |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                   |                     |                                                                                                                    |                                                                                                 |  |
| <b>SIGNATURE:</b> <u>Cindy Harper</u> <u>Cindy Harper</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                     | <u>3/14/05</u> <u>772)340-1078</u>                                                                                 |                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                     | <small>Date Daytime Phone #</small>                                                                                |                                                                                                 |  |