2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000043261 % May 03, 2007 08:00 A Secretary of State 1. Entity Name EAGLE VISIONS GAMING GROUP OF OKLAHOMA, INC. Principal Place of Business Mailing Address 300 RACQUET CLUB ROAD SUITE 101 300 RACQUET CLUB ROAD SUITE 101 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3732818 Not Applicable Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGE, BERNARD H Street Address (P.O. Box Number is Not Acceptable) 300 RACQUET CLUB ROAD #101 FT. LAUDERDALE, FL 33326 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL ☐ Change ■ Addition ☐ Delete 1011 LANGE, DOROTHY D NAMI* NAME 300 RACQUET CLUB ROAD #101 STREET ADDRESS U00000757657 STREET ADDRESS FT. LAUDERDALE FL 33326 05/23/07-80081-011 150.00 C11Y-S1-7IP CHY-S1-7/P VPD ☐ Delete ☐ Change DIN THE Addition LANGE, DAVID A NAME NAME 300 RACQUET CLUB ROAD #101 STREET ADDRESS STREET ADDRESS FT. LAUDÉRDALE FL 33326 CITY-ST-ZIP CITY-ST-7JF STD ☐ Delete ☐ Change HILL THU. Addition LANGE, DORIAN T NAME NAMU 300 RACQUET CLUB ROAD #101 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33326 *CHY-SI-/IP CHY-ST-ZIP 1600 ☐ Defete ☐ Change Addition HITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change THE ☐ Delete ☐ Addition TILLE NAME MAMI STREET ADDRESS STREET ADDRESS City-st-Zip CHY-SI-7P THE ☐ Delete HILL Change ☐ Addition NAME. NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 attaching with all address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

(954) 389 - 1021

FILED