2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P01000047844

Entity Name: G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, INC.

Current Principal Place of Business:

31096 US HIGHWAY 27
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

31096 US HIGHWAY 27
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 65-1131736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAAVEDREA, PELOSI & GOODWIN
312 SE 17TH STREET., 2ND FLOOR
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARTIN, GHISLAIN
Address: 312 SE 17 ST, 2 FLOOR
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DVPS ( ) Delete
Name: VLEMINCKX, ALAIN
Address: 312 SE 17 ST, 2 FLOOR
City-St-Zip: FT LAUDERDALE, FL 33316

Title: TAS ( ) Delete
Name: CLOUTIER, PIERRE
Address: 312 SE 17 ST, 2 FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: PIERRE CLOUTIER TAS 04/21/2009

Electronic Signature of Signing Officer or Director — Date