2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM **DOCUMENT # P01000064706** 1. Entity Name **Secretary of State** BRATTTS BINGO INC. Principal Place of Business Mailing Address 1269 NW 40TH AVE 1269 NW 40TH AVE LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 No Chg-P CR2E034 (11/05) 03072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1116255 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FONTAINE, GALE DO NOT WRITE 2201 NE 44 ST. LIGHTHOUSE POINT, FL 33064 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) U00000474142 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 04/04/06-80011**-**023 150.**0**0 Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FONTAINE, JOHN STREET ADDRESS 2201 NE 44TH ST CITY-SY-ZIP LIGHTHOUSE PT, FL 33064 TITLE NAME FONTAINE, GALE STREET ADDRESS 2201 NE 44TH ST CITY-ST-ZIP LIGHTHOUSE PT, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ACCRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or direction 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 changed, or on an attachapter with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS GUY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

954-513-4350

Daytima Phone 8