2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105312

Entity Name: GAME OFFICIALS, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 AVE K SE 5186 MILLENIA BLVD. APT 326 APT 206

WINTER HAVEN, FL 33880 ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

P.O. BOX 451895 KISSIMMEE, FL 34745

FEI Number: 59-3754326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAWFORD, SAMUEL III 200 AVE K SE APT 326

APT 326 APT 206 WINTER HAVEN, FL 33880 US ORLANDO, FL 32839 US

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.

CRAWFORD, SAMUEL III 5186 MILLENIA B.VD.

SIGNATURE: 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TILLMAN, EVETTE T CRAWFORD, EVETTE T Name: Name: 5186 MILLENIA BLVD. APT. 206 200 AVE K SE APT 326 Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: ORLANDO, FL 32839

Title: D () Delete Title: D (X) Change () Addition Name: CRAWFORD, SAMUEL III Name: CRAWFORD, SAMUEL III

Name: CRAWFORD, SAMUEL III Name: CRAWFORD, SAMUEL III
Address: 200 AVE K SE APT 326 Address: 5186 MILLENIA BLVD. APT. 206

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL CRAWFORD III D 05/01/2006