FILED
Jul 07, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000019370

1. Entity Name
MID-POINT BINGO INC.

Principal Place of Business
Mid-Point Bingo
2411 Del Prado Blvd.
Cape Coral, Fla. 33904

Mailing Address
Mid-Point Bingo
2411 Del Prado Blvd.
Cape Coral, Fla. 33904

DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
47-0849865
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LARRY
2411 DEL PRADO BLVD.
CAPE CORAL, FL 33904

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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 Larry Smith President 7/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, LARRY J
STREET ADDRESS	7887 EAGLES FLIGHT LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D
NAME	SMITH, MARIE
STREET ADDRESS	7887 EAGLES FLIGHT LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Larry Smith 7/5/06 239-458-1672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #