2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051565

Address:

City-St-Zip:

2363 OAKTREE LANE

WEST PALM BEACH, FL 33409

Entity Name: CLASSICAL GAMES. INC.

FILED Jul 17, 2006 Secretary of State

Entity Nar	ne: CLASSIC	JAL GAME	S, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
	TREE LANE _M BEACH, F	L 33409			400 VILLAGE BLVD STE H WEST PALM BEACH	⊣, FL	33409	
Current Mailing Address:				New Mailing Address:				
	TREE LANE _M BEACH, F	L 33409			400 VILLAGE BLVD STE H WEST PALM BEACH	⊣, FL	33409	
FEI Number:	03-0439437	FEI Numl	ber Applied For()	FEI Num	nber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
AZZURRO, PAUL 2363 OAKTREE LANE WEST PALM BEACH, FL 33409 US					YANEZ, GREG 400 VILLAGE BLVD STE H WEST PALM BEACH, FL 33409 US			
	named entity of Florida.	submits thi	is statement for the pu	urpose of	changing its register	ed off	fice or registered agent, or both,	
SIGNATURE: GREG YANEZ					07/17/2006			
	Electro	nic Signatu	re of Registered Age	nt			Date	
			, the corporation did not d Contribution ().	receive th	ne prior notice.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (PEIN, MALCO 66 MARSH LA LONDON UK V	NE			Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	SOWRAY, PE	COURT HAMI	MERSMITH RD		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name:	D (AZZURRO, PA) Delete			Title:	()	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MALCOLM PEIN D 07/17/2006