

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90233 022 \*\*\*150.00

<b>DOCUMENT # P02000059964</b> 1. Entity Name <b>GAMES INTL ENTERPRISES, INC.</b>					
Principal Place of Business <del>900 E. ATLANTIC BLVD., STE. 17</del> <del>POMPANO BEACH, FL 33060</del>			Mailing Address <del>900 E. ATLANTIC BLVD., STE. 17</del> <del>POMPANO BEACH, FL 33060</del>		
2. Principal Place of Business - No P.O. Box # <b>739 E. ATLANTIC BLVD</b> Suite, Apt. #, etc. <b>BLVD</b>		3. Mailing Address <b>739 E Atlantic Blvd</b> Suite, Apt. #, etc.			
City & State <b>POMPANO BEACH FL</b> Zip <b>33060</b> Country <b>USA</b>		City & State <b>Pompano Beach FL</b> Zip <b>33060</b> Country <b>US</b>		4. FEI Number <b>03-0453949</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>STUPARITZ, ALAN D</b> <del>900 E. ATLANTIC BLVD., STE. 17</del> <b>POMPANO BEACH, FL 33060</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>739 E. ATLANTIC BLVD</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33060</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SURENYAN, ARKADY <del>900 E. ATLANTIC BLVD., STE. 17</del> POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>739 E. ATLANTIC BLVD</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Ark H. SURENYAN</b>			Date <b>5-1-08</b> Daytime Phone #		