2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P03000015120

Entity Name: CLASSIC GAME SOURCE, INC.

Current Principal Place of Business:

3500 SOUTH STREET
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3500 SOUTH STREET
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 56-2321872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, SUSAN A VP
5145 US HWY 1
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PETERSON, JAMES J PRES
Address: 5145 US HWY 1
City-St-Zip: MIMS, FL 32754

Title: TREA ( ) Delete
Name: PETERSON, MICHELLE L TREAS
Address: 5145 US HWY 1
City-St-Zip: MIMS, FL 32754

Title: VP ( ) Delete
Name: PETERSON, SUSAN A VP
Address: 5145 US HWY 1
City-St-Zip: MIMS, FL 32754

Title: SEC ( ) Delete
Name: UNNEVER, BRIDGETTE A SECRETA
Address: 5145 US HWY 1
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: BENDER, MICHELLE L TREAS
Address: 5145 US HWY 1
City-St-Zip: MIMS, FL 32754

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN ANN PETERSON VP 04/30/2008
Electronic Signature of Signing Officer or Director Date