

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000048431

**Entity Name:** BOTTOM LINE ARCADE, INC.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1751 COPANS RD. #11-12  
POMPAÑO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1751 COPANS RD. #11-12  
POMPAÑO BEACH, FL 33069

**New Mailing Address:**

4301 N FEDERAL HWY #1  
POMPAÑO BEACH, FL 33064

**FEI Number:** 01-0777246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FONTAINE, GALE  
2201 NE 44 STREET  
POMPAÑO BEACH, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FONTAINE, GALE  
Address: 2466 N POWERLINE RD  
City-St-Zip: POMPAÑO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: GALE FONTAINE

P

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date