2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050472

Address:

City-St-Zip:

1718 VILLAGE COURT

BRANDON, FL 33511

FILED Apr 20, 2004 Secretary of State

Entity Name: PLAY GAMES, INC **Current Principal Place of Business: New Principal Place of Business:** 711 WEST LUMSDEN ROAD BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 711 WEST LUMSDEN ROAD BRANDON, FL 33511 FEI Number: 76-0732714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LOACH, PETER LOACH, PETER 711 WEST LUMSDEN ROAD 92 LAKÉ WIRE DR LAKEALAND, FL 33815 US BRANDON, FL 33511 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: 04/20/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOACH, PETER Name: Name: 709 KINGSWOOD PLACE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCOLARO, JASON Name: 1516 HERITAGE DRIVE Address: Address: VALRICO, FL 33594 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GUERRERO, JAVIER Name: Name: 832 BAYOU VIEW DRIVE Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: (X) Delete Title: () Change () Addition LONG, CARL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER LOACH D 04/20/2004