2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# P03000128370

Entity Name: JACK POT AMUSEMENT, INC.

Current Principal Place of Business:

265 S TAMIAMI TRIAL
NOKOMIS, FL 34275

New Principal Place of Business:

426 S. PINE AVE
426
OCALA, FL 34474

Current Mailing Address:

265 S TAMIAMI TRIAL
NOKOMIS, FL 34275

New Mailing Address:

426 S. PINE AVE.
#426
OCALA, FL 34474

FEI Number: 06-1713287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD ( ) Delete
Name: MELLOR, JOHN
Address: 265 S TAMIAMI TRIAL
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete
Name: JOLLEY, LINDA
Address: 265 S TAMIAMI TRIAL
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete
Name: CORNUE, MYRA
Address: 265 S TAMIAMI TRIAL
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete
Name: CORNUE, GEORGE
Address: 265 S TAMIAMI TRIAL
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MELLOR, JOHN
Address: 426 S. PINE AVE
City-St-Zip: OCALA, FL 34474

Title: VD (X) Change ( ) Addition
Name: MELLOR, LINDA
Address: 426 S. PINE AVE
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change ( ) Addition
Name: CORNUE, MYRA
Address: 426 S. PINE AVE
City-St-Zip: OCALA, FL 34474

Title: TD (X) Change ( ) Addition
Name: CORNUE, GEORGE
Address: 426 S. PINE AVE
City-St-Zip: OCALA, FL 34474

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.

SIGNATURE: LINDA JOLLEY MELLOR VP 01/27/2005

Electronic Signature of Signing Officer or Director — Date