2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146893

1. Entity Name
GUMBALL MACHINE WAREHOUSE INC.



FILED
Jul 12, 2007 8:00 am
Secretary of State
07-12-2007 90054 006 ***150.00

Procedure Place of Business	SOMBALL MACHINE WARLETOODE, INC.									
Suite Apt •, etc. Suite Apt •, etc. Suite Apt •, etc. O7022007 Chg.P CR2E034 (12/06)	1690 NE 205TH TERRACE		1690 NE 205TH TERRACE							
Cry 8 State	2. Principal Place of Business - No P.O Box #		3. Mailing Address							
City & State City & State City & State City & State Country Zip Country Sine Address of New Registered Agent To Name and Address of New Registered Agent Name 18800 in BAY RD 1903 Sunny Isles, FL 33160 City FL Zip Code City FL Zi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			07022007	Cha-P	CR2E034 (12/0	06)	
Country Coun	City & State		City & State				er		Applied For	
ALAME, AMER 16900 N BAY RD 1003 SUNNY ISLES, FL 33160 City FL Zip Code 6. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Fordica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordica. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Institute and control and	Zip	Country Zip Cou		Country		5. Certificate of Status Desired \$8.75 Additional			Additional	
ALAME, AMER 1890 N BAY RD 1003 SUNNY ISLES, FL 33160 City FL Zip Code 6. 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 lamilitar with, and access the children or registered agent, or both, in the State of Florida. I am lamilitar with, and access the children or registered agent. SIGNLATURE FILE NOWNII FEE IS \$150.00 Due by September 14, 2007 9. Election Cempatign Financing Trust Find Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO SID bode NAME NAME 1890 N BAY RD, 1003 SIRET ALORESS SIRET ALO	6. Name and Address of Curren		Registered Agent							
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THE TRAINOR COME WAS INCUMENTAL AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		certify that the information supplied with	h this filing does not qualify for	_ _	ontained	in Chanter 110	Florida Statutos	Lifurther certify that the	ne information	

of the corporation or suppremental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR