2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147949

Entity Name: LAWN GAMES, INC.

FILED Apr 03, 2009 Secretary of State

,		WILLO, IIVO.				
Current Principal Place of Business:				New Principal Place of Business:		
4951 GUL PH 202	F SHORE BLV	D. ,NORTH				
NAPLES,	FL 34103					
Current Mailing Address:				New Mailing Address:		
4951 GUL PH 202 NAPLES,	F SHORE BLV FL 34103	D. ,NORTH		595 MADISON AVENU 39TH FLOOR NEW YORK, NY 1002		
FEI Number	: 20-0842040	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU PLANTAT The above	ORATION SYS ITH PINE ISLA ION, FL 33324 e named entity se of Florida.	ND ROAD I US	purpose c	of changing its registered	d office or registered agent, or both,	
SIGNATU						
01011/110		nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCHWARTZ, E 595 MADISON	AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	ST () SCHWARTZ, IF 595 MADISON NEW YORK, N	AVENUE		Title: Name: Address: City-St-Zin:	()Change ()Addition	

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: EDMONDO SCHWARTZ P 04/03/2009