

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000023173**

1. Entity Name

IGAME INTERACTIVE ENTERTAINMENT INC.



Principal Place of Business

4220 FOX TRACE  
BOYNTON BEACH, FL 33436 US

Mailing Address

37 CRANFORD DRIVE  
C/O LAURIE MORRIS  
NEW CITY, NY 10956 US



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0701057

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAMBERG, CHARLES  
4220 FOX TRACE  
BOYNTON BEACH, FL 33436

**DO NOT WRITE  
IN THIS SPACE**

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SAMBERG, CHARLES  
STREET ADDRESS 4220 FOX TRACE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VP  
NAME MORRIS, LAURI  
STREET ADDRESS 37 CRANFORD DRIVE  
CITY-ST-ZIP NEW CITY, NY 10956

TITLE VP  
NAME SAMBERG, DEBRA  
STREET ADDRESS 1527 31ST STREET NW  
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000446623  
03/16/06-80020-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Lauri Morris VP

Date

Daytime Phone #

2/18/06 1419.5291