

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023173

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: IGAME INTERACTIVE ENTERTAINMENT INC.

## Current Principal Place of Business:

4220 FOX TRACE  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

217 BROOKGREEN WAY  
C/O LAURIE MORRIS  
DELAND, FL 32724 US

FEI Number: 20-0701057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMBERG, CHARLES  
4220 FOX TRACE  
BOYNTON BEACH, FL 33436 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: P ( ) Delete  
Name: SAMBERG, CHARLES  
Address: 4220 FOX TRACE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP ( ) Delete  
Name: MORRIS, LAURI  
Address: 37 CRANFORD DRIVE  
City-St-Zip: NEW CITY, NY 10956 US

Title: VP ( ) Delete  
Name: SAMBERG, DEBRA  
Address: 1527 31ST STREET NW  
City-St-Zip: WASHINGTON, DC 20007

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SAMBERG, CHARLES  
Address: 4220 FOX TRACE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP (X) Change ( ) Addition  
Name: MORRIS, LAURI  
Address: 217 BROOKGREEN WAY  
City-St-Zip: DELAND, FL 32724 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURI MORRIS

VP

02/10/2009

Electronic Signature of Signing Officer or Director

Date