2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058968

FILED Apr 29, 2005 Secretary of State

Entity Name: FLORIDA AMUSEMENT/ARCADES FOR COMPLIANCE & EXCELLENCE, INC.

Current Principal Place of Business:			New Principal Place of Business:				
PO BOX 840009			5722 S FLAMINGO ROAD				
HOLLYWOOD, FL 33084			#223 COOPER CITY, FL 33330				
Current Meiling Address.							
Current Mailing Address:			New Mailing Address:				
PO BOX 840009 HOLLYWOOD, FL 33084				5722 S FLAMINGO ROAD			
HOLLYWC	JOD, FL 3308	1	#223 COOPER	CITY, FL 33	330		
FEI Number:	: 20-0995542	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1000 NOR PEMBROM The above in the State	ROSS TH HIATUS R KE PINES, FL named entity :	33026 US	purpose of changing	its registered	l office or registered agent, or	r both,	
1000 NOR PEMBROK The above	ROSS TH HIATUS R KE PINES, FL named entity of Florida. RE:	33026 US submits this statement for the		its registered		r both,	
1000 NOR PEMBROK The above in the State SIGNATUR	ROSS TH HIATUS R KE PINES, FL named entity to of Florida. RE: Electror	33026 US		its registered	d office or registered agent, or Date	r both,	
1000 NOR PEMBROK The above in the State SIGNATUR	ROSS TH HIATUS R KE PINES, FL named entity to of Florida. RE: Electror	33026 US submits this statement for the ic Signature of Registered Ag	gent				
1000 NOR PEMBROK The above in the State SIGNATUR	ROSS TH HIATUS R KE PINES, FL named entity of e of Florida. RE: Electror mpaign Financing S AND DIREC	33026 US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete	gent	NS/CHANGE D/P BAILEY, JOH 5722 S FLAN	Date S TO OFFICERS AND DIRE (X) Change () Addition		

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: JOHN BAILEY D/P 04/29/2005