#### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### May 17, 2006 8:00 am Secretary of State **DOCUMENT # P04000078359** 05-17-2006 90019 037 \*\*\*150.00 1. Entity Name PAINTBALL WARGAMES II, INC. Principal Place of Business Mailing Address 377 MAITLAND AVE. #102 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701 ALTAMONTE, FL 32701 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFLUEGER, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701 Zip Code 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition CTENERKON NAME PFLUEGER, ROBERT H NAME STREET ADDRESS 377 MAITLAND AVE. #102 STREET ADDRESS CITY-ST-ZIP ALTAMONTE, FL 32701 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

cocle.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <

**FILED** 

# ATTACHMENT 40053005

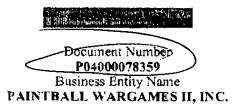
Division of Corporations

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# **Division of Corporations**

## Annual Report



FEI Number	<del> </del>
	and the same
FEI Number Status	C Listed Above @ Applied For C Not Applicable
Certificate of Status Desired	C Yes © No. \$8.75 each
Election Campaign Financing Trust Fu	ind Contribution C Yes @ No
Pi	rincipal Place of Business
Address	5840 Red Bug Lake Rd
Suite, Apt. 4, etc.	#50
City, State	Winter Springs , FL
Zip Code & Country	
·	Mailing Address
Address	5840 Red Bug Lake Rd
Suite, Apr. 4, etc.	#50
City. State	Winter Springs , FL
Zip Code & Countr	y 32708
Name ai	nd Address of Registered Agental
Name (Last, First, Middle, Title)	PFLUEGER ROBERT H
- OR -	1
Business to serve as RA	
Address (PO Box is not acceptab	ilei 377 MAITLAND AVE. #1002
Suite, Apt. #, etc.	
City, State	ALTAMONTE , FI.
Zip Code & Country	32701 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

# ATTACHMENT 40093005 4P0400078359

Division of Corporations

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under 8.831.06. Florida Statutes.

#### Officer/Director Name and Address

Cur database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last. First, Middle, Title)	Kaltenecker Donna
- OR -	
Entity Name to serve as Officer/Director	
Street Address	5840 Red Bug Lake Rd
City, State	Winter Springs , FL
Zip Code & Country	32708
Title	
Name (Last, First, Middle, Title)	
- OR -	* · · · · · · · · · · · · · · · · · · ·
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	12
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	, , , , , , , , , , , , , , , , , , , ,
Zip Code & Country	

ATTACHMENT 40093005 4P04000078359 Division of Corporations Page 3 of 4 Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officet/Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer/Director Street Address City, State Zip Code & Country

> An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature Donna K Wall Clar

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

