

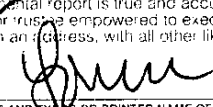
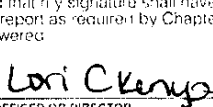
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 021 ***150.00

DOCUMENT # P04000081186																													
1. Entity Name VEGAS STYLE ARCADE, INC.																													
Principal Place of Business 7149 S. US HWY ONE PORT ST. LUCIE, FL 34952			Mailing Address 7149 S. US HWY ONE PORT ST. LUCIE, FL 34952																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 37-1490677																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHAFENBERG, RICHARD 7149 S. US HWY. ONE PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>SCHAFENBERG, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7149 S. US HWY. ONE</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>PORT ST. LUCIE, FL 34952</td> <td></td> </tr> </table>			TITLE	P	☒ Delete	NAME	SCHAFENBERG, RICHARD		STREET ADDRESS	7149 S. US HWY. ONE		CITY, ST, ZIP	PORT ST. LUCIE, FL 34952		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:10%; text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>KENYON, LAURIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4512 Wayne Road</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>Corona Del Mar, CA 92625</td> <td></td> </tr> </table>			TITLE	P	☐ Change ☐ Add	NAME	KENYON, LAURIE		STREET ADDRESS	4512 Wayne Road		CITY, ST, ZIP	Corona Del Mar, CA 92625	
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lori Kenyon**  **4/19/07** **7143374298**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR