2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086047

1. Entity Name
BONUS GAMES, INC.

FILED
Mar 23, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
8863 HIGHWAY 70 EAST OKEECHOBEE, FL 34972	8863 HIGHWAY 70 EAST OKEECHOBEE, FL 34972

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03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
26-5498951
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALES, JR., JOHN L
8863 HIGHWAY 70 EAST
OKEECHOBEE, FL 34972

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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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000478835
04/08/06-80021-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALES, JR., JOHN L
STREET ADDRESS	8863 HIGHWAY 70 EAST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DVP
NAME	ROBY, QUINTON W
STREET ADDRESS	1906 S.W. 5TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	ST
NAME	ROBY, QUINTON W
STREET ADDRESS	1906 S.W. 5TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: John L Sales Jr 3-15-06 8634678569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #