## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000098035

Entity Name: TECHNOLOGY GAMES USA CORP

FILED May 01, 2006 Secretary of State

| Current Principal Place of Business:          |  |   | New Principal Place of Business:            |  |  |
|---|--|---|---|--|--|
|   | ST SUNRISE BL<br>ION, FL 33322                         |   |   |  |  |
| Current Mailing Address:                      |  |   | New Mailing Address:                        |  |  |
|   | ST SUNRISE BL<br>ION, FL 33322                         |   |   |  |  |
| FEI Number                                    | : 20-1304527   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address of New Registered Agent:   |  |  |
| 9149 WES<br>PLANTAT<br>The above              |  | US  | purpose of changing its registered          | d office or registered agent, or both,       |  |
|   | e of Florida.  |   |   |  |  |
| SIGNATU                                       |  | ic Signature of Registered Ag   | ent   | Date   |  |
|   |  | 8(2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MARTINEZ, ULI<br>9149 WEST SU                          | NRISE BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zin:   | VP ()<br>NICOLI, CLAUD<br>9149 WEST SU<br>PLANTATION F | NRISE BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zin: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTINEZ ULISES P 05/01/2006