

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/ FILED  
Apr 18, 2005 8:00 am  
Secretary of State

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| <b>DOCUMENT # P04000120796</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                        |                                                                                                                                                       |
| 1. Entity Name<br><b>LET IT ROLL GAME ROOM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                                         |                                                                                                                                                       |
| Principal Place of Business<br><b>1505 SOUTH SR 27<br/>LAKE PLACID, FL 33852</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | Mailing Address<br><b>1505 SOUTH SR 27<br/>LAKE PLACID, FL 33852</b>                                                                    |                                                                                                                                                       |
| 2. Principal Place of Business<br><b>921 West Sugarland Hwy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | 3. Mailing Address<br><b>3140 Estates Drive</b>                                                                                         |                                                                                                                                                       |
| Suite, Apt. #, etc.<br><b>Unit 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                       |
| City & State<br><b>Clewiston, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | City & State<br><b>Pompano Beach, FL</b>                                                                                                |                                                                                                                                                       |
| Zip<br><b>33440</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                                 | Zip<br><b>33069</b>                                                                                                                     | Country<br><b>USA</b>                                                                                                                                 |
| 4. FEI Number<br><b>43-205-9146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | \$8.75 Additional Fee Required                                                                                                          |                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>PAMELA T. KARLSON, P.A.<br/>531 DEEN BOULEVARD<br/>LAKE PLACID, FL 33852</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                         |                                                                                                                                                       |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P D<br>MASSEY, RON <input checked="" type="checkbox"/> Delete<br>124 LAKE JUNE ROAD NW<br>LAKE PLACID, FL 33852       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP D<br>RUSSELL, LAWRENCE <input type="checkbox"/> Delete<br>124 LAKE JUNE ROAD NW<br>LAKE PLACID, FL 33852           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S J<br>RUSSELL, LAWRENCE <input checked="" type="checkbox"/> Delete<br>124 LAKE JUNE ROAD NW<br>LAKE PLACID, FL 33852 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | S/D<br>Crispino, Ralph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3140 Estates Drive<br>Pompano Beach, FL 33069  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | D/P/T<br>Philbin, Trudy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3140 Estates Drive<br>Pompano Beach, FL 33069 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, 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. |                                                                                                                       |                                                                                                                                         |                                                                                                                                                       |
| SIGNATURE <i>Trudy L. Philbin</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | Date <i>3/22/05</i> 954-977-0556<br>Daytime Phone #                                                                                     |                                                                                                                                                       |