2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000126241

1. Entity Name
BOWLS OF GAINESVILLE, INC.

50024222

Principal Place of Business	Mailing Address
3505 NW 17TH STREET GAINESVILLE, FL 32605	3505 NW 17TH STREET GAINESVILLE, FL 32605

2. Principal Place of Business	3. Mailing Address
1823 White Oak Road	1823 White Oak Road
Suite, Apt. #, etc. APT C	Suite, Apt. #, etc. APT C
City & State Raliegh NC	City & State Raliegh NC
Zip 27608 Country	Zip 27608 Country

07112006   Chg-P   CR2E034 (11/05)

4. FEI Number 20-1576136   ☐ Applied For
~~APPLIED FOR~~   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTELEONE, ROCCO 3505 NW 17TH STREET GAINESVILLE, FL 32605	Name Joshua Sumner Street Address (P.O. Box Number is NOT acceptable) 41 Hamden Rd Winter Haven Florida City FL Zip Code 33884

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 Joshua Sumner   DATE 7-26-06
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees ☐   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME MONTELEONE, ROCCO STREET ADDRESS 3505 NW 17TH STREET CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition 1823 White Oak Road, APT C Raliegh, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rocco Monteleone   Date 8-1-06   Daytime Phone # (863) 206-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR