2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140301

Current Principal Place of Rusiness:

Entity Name: LINCOLN INTERNATIONAL GAMING CORP.

FILED Apr 04, 2005 Secretary of State

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13117 NW 107TH AVEN HIALEAH GARDENS, FL			
Current Mailing Address:		New Mailing Address:	
13117 NW 107TH AVENI HIALEAH GARDENS, FL			
FEI Number: 20-1859507	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:	
SHAPIRO, LAWRENCE	JESQ.		

New Principal Place of Rusiness

825 BRICKELL BAY DRIVE SUITE 1751 MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 RONDON, MIGUEL R
 Name:
 VIVAS, PEGGY C

 Address:
 7060 NW 173RD DR, LAGO DEL REY
 Address:
 6040 NW 114 AVE #1437

City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33178

Title: TD () Delete Title: () Change () Addition

 Name:
 SUAREZ, JACKSON
 Name:

 Address:
 7060 NW 173RD DR, LAGO DEL REY
 Address:

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: VIVAS, PEGGY C Name: MIGUEL, ROYE C

Address: 6540 NW 114TH AVE #1437 Address: 7060 NW 173RD , LAGO DEL REY

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PEGGY VIVAS PD 04/04/2005