2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000140301

Address:

City-St-Zip:

FILED Nov 28, 2006 Secretary of State

Entity Nar	ne: LINCOLN	I INTERNATIONAL GAMING C	ORP.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8757 NW 3 DORAL, FI		3				
Current Mailing Address:			New Mailing Address:			
8757 NW 3 DORAL, FI		3				
FEI Number:	20-1859507	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
ROYE, MIC 3150 SW 1 MIRAMAR	GUEL A R 195TH TERRA , FL 33029	CE US				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	ic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (ROYE, MIGUE 3150 SW 195T MIRAMAR, FL	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD (SUAREZ, JACH 3210 SW 190T MIRAMAR, FL	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SEC (FREIRE, PAUL 5651 NW 100T DORAL, FL 33	H COURT	Title: Name: Address: City-St-Zip:	TRE (X) Change () Addition FREIRE, PAULO C 5651 NW 100TH COURT DORAL, FL 33178 US		
Title: Name:	() Delete	Title: Name:	SEC () Change (X) Addition BUSTAMANTE. REGULO		

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.

Address:

City-St-Zip:

3150 SW 195TH TERRACE

MIRAMAR, FL 33029

SIGNATURE: PAULO FREIRE TRE 11/28/2006