## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000150413

City-St-Zip:

**Entity Name:** BLACK MASQUE GAMES, INC.

FILED Jul 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3209 CALUMET DRIVE ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 3209 CALUMET DRIVE ORLANDO, FL 32810 FEI Number: 34-2022400 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: BEUSSE, JAMES H 390 N. ORANGE AVE. **SUITE 2500** ORLANDO, FL 32801 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROSS, FRANK P Name: Name: 3209 CALUMET DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition WEISGERBER, WILLIAM R Name: Name: 502 WILLOW LAKE COURT Address: Address: LAKE MARY, FL 32746 US

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: FRANK P. ROSS 07/02/2007