2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90182 047 ***150.00

DOCUMENT # P05000036934

1. Entity Name
TOTAL ACCESS GAMING INC.

Principal Place of Business	Mailing Address
4067 BREWSTER RD A TALLAHASSEE, FL 32308 US	4067 BREWSTER RD A TALLAHASSEE, FL 32308 US

04292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite D4 120	Suite D4 120
Suite, Apt. #, etc. 2910 Kerry Forest PKWY	Suite, Apt. #, etc. 2910 Kerry Forest PKWY
City & State Tallahassee Florida	City & State Tallahassee, Florida
Zip / Country 32309 USA	Zip / Country 32309 USA

4. FEI Number
20-1727188
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, DOUGLAS S
4067 BREWSTER RD
A
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Thomas Hawkins
Street Address (P.O. Box Number is Not Acceptable):
Suite D4 120
2910 Kerry Forest PKWY
City: Tallahassee **FL** Zip Code: 32309

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: Thomas H Hawkins 29 April 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWKINS, THOMAS 6109 BORDERLINE DRIVE TALAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR WADE, THOMAS C. 4115 Deer Lake Dr. Tallahassee FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAPERAK, JEFF 4021 SHADY VIEW LANE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR KAPERAK, John 2001 Hollington Dr. Jacksonville FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES THOMSON, CHRISTOPHER 1231 CONSERVANCY DRIVE EAST TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BAILEY, DANIEL E. 1790 Vineyard Way Tallahassee, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC EDDY, DAVID 7120 LAKE BASIN RD. TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR YOUNG, DOUGLAS S 4067A BREWSTER RD. TALLAHASSEE, FL 32308	☐ 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: Thomas H Hawkins 29 April 2006 850-212-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #