

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036934

FILED
Apr 30, 2008
Secretary of State

Entity Name: TOTAL ACCESS GAMING INC.

Current Principal Place of Business:

STE D4-120
2910 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

STE D4-120
2910 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 20-1727188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, THOMAS H P
STE D4 120
2910 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HAWKINS, THOMAS
Address: 6109 BORDERLINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V () Delete
Name: KAPERAK, JEFF J
Address: 4021 SHADY VIEW LANE
City-St-Zip: TALLAHASSEE, FL 32311 FL

Title: D () Delete
Name: KAPERAK, JOHN P
Address: 2001 HOLLINGTON DR
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: S () Delete
Name: EDDY, DAVID A
Address: 7120 LAKE BASIN RD.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D (X) Delete
Name: YOUNG, DOUGLAS S
Address: 4067A BREWSTER RD.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Delete
Name: WADE, THOMAS C
Address: 4115 DEER LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAWKINS, THOMAS H
Address: 6109 BORDERLINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WADE, THOMAS C
Address: 4115 DEER LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: THOMAS H. HAWKINS

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date