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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000062101	
1. Entity Name CASINO SUPPLIES INC.	



Principal Place of Business 1030 N. SOUTHLAKE DR. HOLLYWOOD, FL 33019	Mailing Address 1030 N. SOUTHLAKE DR. HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE

FILED

2007 APR -7 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/26/07 8003020 15010



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2751771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AYERS, PAUL 1030 N. SOUTHLAKE DR. HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

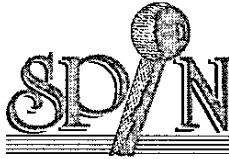
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, PAUL PRES 1030 N. SOUTHLAKE DR. HOLLYWOOD, FL 33019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Paul Ayers 3-29-07 954-527-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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Mailing

P.O. Box 22687
Ft. Lauderdale, FL 33335

Tel. (954) 527-2652 • Fax (954) 527-2659
E-mail: contact@spininc.net

Shipping

3400 McIntosh Rd., Bldg. F20
Ft. Lauderdale, FL 33316 USA

03-29-07

Attn: Eula

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

SPIN, Inc has made an over payment on document # P93000047474 in the amount of \$150.00. There was a credit card payment made on 3-20-07 and a check sent in on 3-9-07 which was cashed on 3-26-07, the check number is #14324. We would like to transfer one of the payments from document #P93000047474 to document # P0500062101 in the amount of \$150.00 instead of a refund. I spoke with Eula and she was much help in resolving this matter. She informed me to send in a letter stating the above and the document form for # P0500062101 with the confirmation number of 80013-020-150.00 on the form. Thank you for your attention in this matter. Please call me once this has been processed; Michelle @ 954-527-2652.

Thank you once again,

M. Shapiro

Michelle A. Shapiro
SPIN, INC