

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90045 001 ***155.00
 03-31-2008 90045 002 *****8.75

DOCUMENT # P05000076981

1. Entity Name
THE HOT SPOT AMUSEMENT, INC.



66005282



Principal Place of Business
 2732 S FEDERAL HWY. 1
 FORT PIERCE, FL ~~34989~~ **34982** US

Mailing Address
 2732 S FEDERAL HWY. 1
 6
 FORT PIERCE, FL ~~34989~~ **34982** US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

02292008 Chg-P CR2E034 (12/06)

4. FEI Number
~~20-0000000~~ **14-2011511** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DANLEY, AMY
 1114 SW HEATHER ST
 PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent
 Name **Prem Kunwar**
 Street Address (P.O. Box Number is Not Acceptable)
2732 US-1 HWY S.
 City **Fort Pierce** **FL** Zip Code **34982**

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 **Prem Kunwar (President)** DATE **3-5-08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donley Amy <input checked="" type="checkbox"/> Delete 1114 SW Heather St. PSL FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Prem Kunwar <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2732 US-1 S. (owner) Fort Pierce FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Prem Kunwar** DATE: **3-5-08** DAYTIME PHONE #: **772-466-8532**