FILED
Jul 14, 2006 8:00 am
Secretary of State
07-14-2006 90028 008 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000102133

1. Entity Name
SLICE OF VEGAS INC.

Principal Place of Business	Mailing Address
3547 CLEVELAND AVE FT. MYERS, FL 33901	3547 CLEVELAND AVE FT. MYERS, FL 33901

02042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3547 Cleveland Ave.		1854 Oakley Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Myers Fla.		City & State: Ft. Myers Fl	
Zip: 33901	Country: USA	Zip: 33901	Country: USA

4. FEI Number: 75-3195859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JANSEN-MARTIN, TAMERA
3746 LUZON ST.
FT. MYERS, FL 33901
Agent ↑

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDTS	☐ Delete
NAME	MARTIN, RICHARD C	
STREET ADDRESS	1854 OAKLEY AVE.	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard C. Martin Richard C Martin 03/15/06 239-826-1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #