

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129765

FILED  
Sep 22, 2007  
Secretary of State

Entity Name: HOUSE OF CARDS AND GAMES, INC

## Current Principal Place of Business:

2732 ARBUTUS ST.  
NAPLES, FL 34112

## New Principal Place of Business:

23 COLONIAL DR.  
NAPLES, FL 34112

## Current Mailing Address:

2732 ARBUSUS ST.  
NAPLES, FL 34112

## New Mailing Address:

23 COLONIAL DR.  
NAPLES, FL 34112

FEI Number: 65-1260624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POUL, MARCEL  
2732 ARBUTUS ST.  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

POUL, MARCEL  
23 COLONIAL DR.  
NAPLES, FL 34112 US

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: MARCEL POUL

09/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POUL, MARCEL  
Address: 2732 ARBUTUS ST.  
City-St-Zip: NAPLES, FL 34112

Title: V (X) Delete  
Name: SHELLHORN, BRIAN  
Address: 2206 QUEENS BLVD.  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POUL, MARCEL  
Address: 23 COLONIAL DR.  
City-St-Zip: NAPLES, FL 34112

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: MARCEL POUL

P

09/22/2007

Electronic Signature of Signing Officer or Director

Date