

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149651

Entity Name: BRIGHTSTAR GAMES, INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

C/O ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 76-0817145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FLOOR 2 SOUTH
BISCAYNE BLVD.
MIAMI, FL 33131 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: DP () Delete
Name: ROONEY, AMANDA
Address: 36 CHINGFORD AVENUE
City-St-Zip: CHINGFORD, LONDON, UK E4 6RP UK

Title: DVS () Delete
Name: ROONEY, GRAHAM PAUL
Address: 36 CHINGFORD AVENUE
City-St-Zip: CHINGFORD, LONDON, UK E4 6RP UK

Title: D (X) Delete
Name: LIS, MARIE
Address: C/O 36 CHINGFORD AVENUE
City-St-Zip: CHINGFORD, LONDON, UK E4 6RP UK

Title: D () Delete
Name: THOMAS, BISHOP ANDRE
Address: 103 IVANVILLE, SEABREEZE AVE, ATLANTIC SHO
City-St-Zip: CHRIST CHURCH, BARBADOS, WI BB17127 WI

Title: D () Delete
Name: THOMAS, PASTOR BRIDGET
Address: 103 IVANVILLE, SEABREEZE AVE, ATLANTIC SHO
City-St-Zip: CHRIST CHURCH, BARBADOS, WI BB17127 WI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: ROONEY, GRAHAM PAUL
Address: 36 CHINGFORD AVENUE
City-St-Zip: CHINGFORD, LONDON, UK E4 6RP UK

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

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 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: AMANDA ROONEY

DP

03/28/2007

Electronic Signature of Signing Officer or Director

Date