2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029073

545 VERN DR

ORLANDO, FL 32805

Address: City-St-Zip:

Entity Name: BLACKCOMMUNITYGAME, COM, INC.

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
545 VERN ORLANDO	DR D, FL 32805				
Current Mailing Address:			New Mailing Address:		
545 VERN ORLANDO	DR D, FL 32805				
FEI Number:	: 51-0608451	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ALI, MALIK 545 VERN ORLANDO		US			
	named entity of Florida.	v submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		onic Signature of Registered Age	ent	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ALI, MALIK 545 VERN DF ORLANDO, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ALI, RONAA 545 VERN DF ORLANDO, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (ALI, JIBREEL) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MALIK ALI P 04/19/2008