


2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 047 ***150.00

DOCUMENT # P06000037216					
1. Entity Name ALL AMERICAN GAMING, INC.					
Principal Place of Business 1820 N. DIXIE HIGHWAY BOCA RATON FL 33432 US			Mailing Address 21284 PURPLE SAGE LANE BOCA RATON FL 33428 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 60 WALNUT ST 4TH FLOOR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WILLESLEY MASS		4. FEI Number 20 4483526	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent HERR, SHERRY A 21284 PURPLE SAGE LANE BOCA RATON FL 33428			7. Name and Address of New Registered Agent Name: <u>TERRENCE SHEA</u> Street Address (P.O. Box Number is Not Acceptable): 1820 N. DIXIE HIGHWAY City: <u>BOCA RATON</u> FL Zip Code: <u>33432</u>		
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: <u>TERRENCE SHEA</u> <u>TERRENCE SHEA PRESIDENT</u> <u>1-22-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HERR, SHERRY A 21284 PURPLE SAGE LANE BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / TREASURER SHEA, TERRENCE 1820 N DIXIE HIGHWAY BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SC/T SHEA, TERRY 1820 N. DIXIE HIGHWAY BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHMIELINSKI, ROBERT 60 WALNUT ST 4TH FLOOR WILLESLEY MASS 02481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Section 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: <u>TERRENCE SHEA</u> <u>TERRENCE SHEA PRESIDENT</u> <u>1-22-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			561 451 8588 <small>Date Daytime Phone #</small>		