

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073590

Entity Name: ACES WILD CASINOS, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

908 HUNTERS CREEK DR.
W. MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

908 HUNTERS CREEK DR.
W. MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 51-0584744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKS, LINDA M
908 HUNTERS CREEK DR.
W. MELBOURNE, FL 32904 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: D () Delete
Name: MEEKS, LINDA M
Address: 908 HUNTERS CREEK DR.
City-St-Zip: W. MELBOURNE, FL 32904

Title: D () Delete
Name: GALLO, GINA M
Address: 3900 POST RIDGE RD.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SPACCIO, JEFFERY M
Address: 2665 SW 37TH AVE., #905
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BURGOON, LISA M
Address: 4011 MEDFORD DR.
City-St-Zip: HUNTSVILLE, AL 35802

Title: D () Delete
Name: SKILTON, DIANE
Address: 27 JOHN ADAMS LN.
City-St-Zip: ELKTON, MD 21921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GALLO, GINA M
Address: 3900 POSTRIDGE TRAIL
City-St-Zip: MELBOURNE, FL 32934

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: GINA GALLO

D

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date