

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010982

FILED
Jan 14, 2008
Secretary of State

Entity Name: ACADEMY OF GAME & SIMULATION DESIGN, INC.

Current Principal Place of Business:

800 SOUTH DOUGLAS ROAD
SUITE 530
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

800 SOUTH DOUGLAS ROAD
SUITE 530
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-8345636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILATH, SARA L
800 SOUTH DOUGLAS ROAD
SUITE 530
CORAL GABLES, FL 33134 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: CEO () Delete
Name: GILATH, ELI
Address: 800 SOUTH DOUGLAS ROAD, SUITE 530
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P () Delete
Name: KIGGENS, JAMES
Address: 800 SOUTH DOUGLAS ROAD, SUITE 530
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: GILATH, SARA LYNN
Address: 800 SOUTH DOUGLAS ROAD, SUITE 530
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S () Delete
Name: KIGGENS, DEBORAH
Address: 800 SOUTH DOUGLAS ROAD, SUITE 530
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ELI GILATH

_____ Electronic Signature of Signing Officer or Director

PRES

01/14/2008

_____ Date