
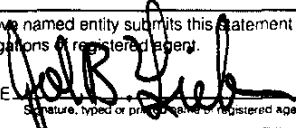



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90061 029 \*\*\*150.00

<b>DOCUMENT # P07000013939</b> 1. Entity Name <b>CHARITIES BINGO, INC.</b>					
Principal Place of Business <b>4200 TAMiami TRAIL, HARBOR SQUARE SHOPPING CENTER PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>827 UNION PACIFIC BLVD., PMB 71-101 LAREDO, TX 78045-9452</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>827 Union Pacific Blvd., PMB 71-607</b>			
City & State		City & State <b>Laredo, TX</b>		4. FEI Number <b>20-8349011</b>	
Zip <b>33952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAVARY JR., JOHNSON S. ESQ. 1990 MAIN ST., STE. 700 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>JOHN B. LIEBMAN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2699 Lee Road, Suite 320</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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  DATE <b>1/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCULLOCH, CELINA V.</b> <b>827 UNION PACIFIC BLVD., PMB 71-101</b> <b>LAREDO, TX 780459452</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCULLOCH, CELINA V.</b> <b>827 Union Pacific Blvd., PMB 71-607</b> <b>Laredo, TX 78045-9452</b>	<input checked="" 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	<b>Hernan Tadeo Vizcaino</b> <b>Perez Maldonado</b> <b>827 Union Pacific Blvd., PMB 71-607</b> <b>Laredo, TX 78045-9452</b>		
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 Chapter 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		