

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051968

Entity Name: LUCKY DAY SWEEPSTAKES, INC

FILED
May 18, 2009
Secretary of State

Current Principal Place of Business:

68 POSTWOOD DR
PALM COAST, FL 32164

New Principal Place of Business:

120 FLAGLER PLAZA DRIVE
PALM COAST, FL 32137

Current Mailing Address:

68 POSTWOOD DR
PALM COAST, FL 32164

New Mailing Address:

120 FLAGLER PLAZA DRIVE
PALM COAST, FL 32137

FEI Number: 27-0191638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL
68 POSTWOOD DR
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

BROWN, MICHAEL
120 FLAGLER PLAZA DRIVE
PALM COAST, FL 32137 US

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: MICHAEL BROWN

05/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, MICHAEL
Address: 68 POSTWOOD DR
City-St-Zip: PALM COAST, FL 32164

Title: SEC () Delete
Name: CUMMINGS, RANDALL
Address: 68 POSTWOOD DR
City-St-Zip: PALM COAST, FL 32164

Title: TRES () Delete
Name: BAYLESS, TERESA
Address: 68 POSTWOOD DR
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, MICHAEL
Address: 120 FLAGLER PLAZA DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: SEC (X) Change () Addition
Name: CUMMINGS, RANDALL
Address: 120 FLAGLER PLAZA DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: TRES (X) Change () Addition
Name: BAYLESS, TERESA
Address: 120 FLAGLER PLAZA DRIVE
City-St-Zip: PALM COAST, FL 32137

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: MICHAEL BROWN

P

05/18/2009

Electronic Signature of Signing Officer or Director

Date