2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066607

Entity Name: DENALI GAMES INC.

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 291 RANDY LN. 9299 COLLEGE PKWY FORT MYERS BEACH, FL 33931 UNIT#8 FORT MYERS, FL 33919 US **Current Mailing Address: New Mailing Address:** 291 RANDY LN PO BOX 2879 FORT MYERS BEACH, FL 33932 FORT MYERS BEACH, FL 33931 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 323012960 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MORGAN, MARVIN MORGAN, MARVIN Name: Name: 291 RANDY LN. P.O. BOX 2879 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33932 Title: VPD Title: () Delete (X) Change () Addition Name: MORGAN, JULIA Name: MORGAN, MARVIN 291 RANDY LN. P.O. BOX 2879 Address: Address: FORT MYERS BEACH, FL 33932 FORT MYERS BEACH, FL 33931 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition MORGAN, JULIA Name: Name: P.O. BOX 2879 Address Address: City-St-Zip: City-St-Zip: FORT MYERS BEACH, FL 33932 Title: () Delete Title: () Change (X) Addition MORGAN, JULIA Name: Name:

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.

Address:

City-St-Zip:

P.O. BOX 2879

FORT MYERS BEACH, FL 33932

SIGNATURE: JULIA MORGAN P 03/04/2009