## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000081123

**Entity Name:** GAMING INTERNATIONAL INC

FILED Apr 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3571 DEL PRADO BLVD

SUITE 8

CAPE CORAL, FL 33909 US

Current Mailing Address: New Mailing Address:

C/O JOHN M. WICKER, P.A. 3571 DEL PRADO BLVD

P.O. DRAWER 60205 SUITE 8

FORT MYERS, FL 33906 US CAPE CORAL, FL 33909 US

FEI Number: 26-3277031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101

PULLEN, RONALD L
4706 SE 11TH PLACE
SUITE C

FORT MYERS, FL 33907 US CAPE CORAL, FL 33904 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: RONALD L PULLEN 04/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: P (X) Change ( ) Addition Name: TAYLOR, VAUGHN Name: TAYLOR, VAUGHN

Address: 3419 NW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

Name: TATEOR, VAOGING
Address: 3419 NW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: DST ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 TAYLOR, TRACEY
 Name:
 TAYLOR, TRACEY

 Address:
 3419 NW 21ST TERRACE
 3419 NW 21ST TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33993 US
 Cape CORAL, FL 33993 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 PULLEN, RONALD L

 Address:
 Address:
 608 TOWER DR

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33904 US

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Title: ( ) Delete Title: T ( ) Change (X) Addition

Name: PULLEN, DOREEN M
Address: Address: 608 TOWER DR

City-St-Zip: City-St-Zip: CAPE CORAL, FL 33904 US

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: RONALD L PULLEN VP 04/04/2009