

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000657

FILED  
Aug 28, 2010  
Secretary of State

Entity Name: BRAINSTATION GAMES, INC.

**Current Principal Place of Business:**

629 BALIBAY ROAD  
APOLLO BEACH, FL 33752

**New Principal Place of Business:**

629 BALIBAY ROAD  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

629 BALIBAY ROAD  
APOLLO BEACH, FL 33752

**New Mailing Address:**

629 BALIBAY ROAD  
APOLLO BEACH, FL 33572

FEI Number: 26-3988528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUPRE, DEAN  
16002 49TH ST. N.  
CLEARWATER, FL 33762 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVEY, MARK  
Address: 629 BALIBAY ROAD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP  
Name: LEVEY, NATALIA  
Address: 629 BALIBAY ROAD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: SEC  
Name: DUPRE, CATHERINE  
Address: 16002 49TH ST. N.  
City-St-Zip: CLEARWATER, FL 33762

Title: TREA  
Name: DUPRE, DEAN  
Address: 16002 49TH ST. N.  
City-St-Zip: CLEARWATER, FL 33762

I hereby 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 all other like empowered.

SIGNATURE: DEAN DUPRE

TREA

08/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date