## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P22937

Entity Name: ARISTOCRAT TECHNOLOGIES, INC.

FILED May 01, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	SO STREET AS, NV 89119				
Current Mailing Address:			New Maili	New Mailing Address:	
	SO STREET AS, NV 89119				
FEI Number: 88-0097390 FEI Number Applied For ( ) FEI Nu			FEI Number Not Appl	mber Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS TALLAHAS The above	SSEE, FL 323	01 US	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR					
01011/1101		ic Signature of Registered Agent		 Date	
Election Car		3(2)(b), F.S., the corporation did not re g Trust Fund Contribution (  ). TORS:		e. S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( ) KHIN, NICHOLA 7230 AMIGO S' LAS VEGAS, N	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR ( ) KHIN, NICHOLA 7230 AMIGO S LAS VEGAS, N	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC ( ) SIMON, ASHLE 7230 AMIGO S LAS VEGAS, N	TREET	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition DUFFICY, RON 7230 AMIGO STREET LAS VEGAS, NV 89119 US	
Title: Name: Address: City-St-Zip:	TREA ( ) ASHLEY, SIMO 7230 AMIGO S LAS VEGAS, N	TREET	Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition DUFFICY, RON 7230 AMIGO STREET LAS VEGAS, NV 89119 US	
Title: Name: Address: City-St-Zip:	DIR ( ) ASHLEY, SIMO 7230 AMIGO S' LAS VEGAS, N'	TREET	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition DUFFICY, RON 7230 AMIGO STREET LAS VEGAS, NV 89119	
Title: Name: Address: City-St-Zip:	AS () KHIN, NICHOLA 7230 AMIGO S' LAS VEGAS, N'	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: NICHOLAS KHIN PRES 05/01/2009