

Apr 24 06 03:36p

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90198 049 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                               |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P92000001281</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                              |                                                                                                         |
| 1. Entity Name<br><b>HIGH SCORE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                                                                                                                                                               |                                                                                                         |
| Principal Place of Business<br><b>1327 N.W. 40TH AVE<br/>LAUDERHILL, FL 33313 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | Mailing Address<br><b>1327 N.W. 40TH AVE<br/>LAUDERHILL, FL 33313 US</b>                                                                                                                                                      |                                                                                                         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 3. Mailing Address                                                                                                                                                                                                            |                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | City & State                                                                                                                                                                                                                  |                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                          | Zip                                                                                                                                                                                                                           | Country                                                                                                 |
| 4. FEI Number<br><b>65-0370478</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Applied For<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                 |                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  | Name<br><b>LUSKY, GISELA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1327 NW 40TH AVE<br/>LAUDERDALE, FL 33313</b><br>City<br><b>FL</b> Zip Code                                                          |                                                                                                         |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | 8. 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. I am familiar with, and accept the obligations of registered agent. |                                                                                                         |
| SIGNATURE _____<br><small>Signature must be printed name of registered agent and type of association.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | DATE _____<br><small>Registered Agent's signature required when filing.</small>                                                                                                                                               |                                                                                                         |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                        |                                                                                                         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                  |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SO<br/>LUSKY, GISELA<br/>1327 N.W. 40TH AVENUE<br/>LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STD<br/>LUSKY, JANICE G MRS<br/>1327 NW 40TH AVE<br/>LAUDERHILL, FL 33313</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>JANICE L. GREENSPON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>LUSKY, ALBERT<br/>1327 N.W. 40TH AVE<br/>FORT LAUDERDALE, FL 33313</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                  |                                                                                                                                                                                                                               |                                                                                                         |
| SIGNATURE: <i>Gisela Lusky</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Date: <i>4-24-06</i> Deponent Phone #: <i>954-587-5130</i>                                                                                                                                                                    |                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Date Deponent Phone #                                                                                                                                                                                                         |                                                                                                         |