


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P92000006592</b> 1. Entity Name ROLLER GAMES, INC.	
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Principal Place of Business 630 EMERALDA DRIVE ORLANDO, FL 32808 US	Mailing Address 3993 TYRONE BLVD NORTH SUITE #608-148 SAINT PETERSBURG, FL 33709 US
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3160589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  OLEYER, WILLIAM 630 EMERALDO DR ORLANDO, FL 32808
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEYER, WILLIAM 630 EMERALDO DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLEYER, HEATHER 630 EMERALDA DRIVE ORLANDO, FL 32808
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U00000780455  
01/14/08-80023-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 or empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/08**  
Date

Daytime Phone #