

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000057588

1. Entity Name
GAMES GALORE, INC.



Principal Place of Business
 2408 HWY 301 N
 ELLENTON, FL 34222 US

Mailing Address
 2408 HWY 301 N
 ELLENTON, FL 34222 US



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0430112** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITE, SUSAN A
 3105 69TH ST. E.
 PALMETTO, FL 34221

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
 NAME WHITE, SUSAN AUDREY
 STREET ADDRESS 3105 69TH ST E
 CITY-ST- ZIP PALMETTO, FL 34221

TITLE VP
 NAME WHITE, JASON BRIAN
 STREET ADDRESS 3105 69TH ST E
 CITY-ST- ZIP PALMETTO, FL 34221

TITLE VP
 NAME WHITE, DARRAN PHILIP
 STREET ADDRESS 3105 69TH ST E
 CITY-ST- ZIP PALMETTO, FL 34221

TITLE
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE
 NAME
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TITLE
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 STREET ADDRESS
 CITY-ST- ZIP

00000385572
 01/18/06-80022-003 150.00

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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: Susan A. White **SUSAN A. WHITE** 1/9/06 944 723 9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #