


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90040 009 \*\*\*150.00

<b>DOCUMENT # P94000062362</b>	
1. Entity Name <b>GAMEDAY CONNECTION, INC.</b>	

Principal Place of Business <b>1 CITRUS BOWL PLACE 203 ORLANDO, FL 32805 US</b>	Mailing Address <b>1 CITRUS BOWL PLACE STE 203 ORLANDO, FL 32805 US</b>
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2. Principal Place of Business <b>315 East Robinson St.</b>	3. Mailing Address <b>315 East Robinson St.</b>
Suite, Apt. #, etc. <b>Suite 505</b>	Suite, Apt. #, etc. <b>Suite 505</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32801</b>	Country <b>USA</b>

40013660



02092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3266224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>VITRANO, TONY 1 CITRUS BOWL PL STE 203 ORLANDO, FL 32805</b>	7. Name and Address of New Registered Agent Name <b>Tony Vitrano</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 East Robinson St.</b> <b>Suite 505</b> City <b>Orlando, FL</b> Zip Code <b>32801</b>
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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 Tony Vitrano / President DATE 2/9/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when meeting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>VITRANO, TONY ONE CITRUS BOWL PL. #203 ORLANDO, FL 32805</b>	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Tony Vitrano</b>	
STREET ADDRESS		STREET ADDRESS <b>315 East Robinson St, Suite 505</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Orlando, FL 32801</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete <b>WITTE, MIKE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tony Vitrano / President DATE 2/9/06 DAYTIME PHONE # 407-648-0213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR